

New Business

9-24-19.

**PUBLIC HEALTH
AND SAFETY
STANDING
COMMITTEE**

MAYOR'S OFFICE COORDINATORS REPORT

OVERALL STATUS (please circle): ☒ APPROVED ☐ DENIED ☐ N/A ☐ CANCELED

Petition #: 1026 Event Name: Eastern Market Brewing Co.'s Oktoberfest

Event Date: October 5, 2019

Street Closure: Riopelle Street

Organization Name: Eastern Market Brewing Co.

Street Address: 2515 Riopelle Street Detroit, MI 48207

Receipt date of the COMPLETED Special Events Application:	
Date of City Clerk's Departmental Reference Communication:	
Due date for City Departments reports:	
Due date for the Coordinators Report to City Clerk:	

Event Elements (check all that apply):

- ☐ Walkathon ☐ Carnival/Circus ☐ Concert/Performance ☐ Run/Marathon
☐ Bike Race ☐ Religious Ceremony ☐ Political Ceremony ☒ Festival
☐ Filming ☐ Parade ☐ Sports/Recreation ☐ Rally/Demonstration
☐ Fireworks ☐ Convention/Conference ☐ Other: _____
☒ 24-Hour Liquor License

Petition Communications (include date/time)

Eastern Market Brewing Co. will host their annual Oktoberfest from 10:00am - 11:00pm; with temporary street closure on Riopelle between Adelaide and Winder.

**** ALL permits and license requirements must be fulfilled for an approval status ****

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	DPD	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	7th Precinct will Provide Special Attention; Contracted with Eastern Market Security to Provide Private Security Services
	DFD/EMS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pending Inspections
	DPW	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ROW Permit Required
	Health Dept.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Temporary Food License Required

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	TED	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Type III Barricades & Road Closure Signage Required
	Recreation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No Jurisdiction
	Bldg & Safety	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Permit Required for Tent
	Bus. License	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Liquor License Required
	Mayor's Office	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	All Necessary permits must be obtained prior to event. If permits are not obtained, departments can enforce closure of event.
	Municipal Parking	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Purchase of Parking Meters Required
	DDOT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Impact on Buses

MAYOR'S OFFICE

Signature: B. Lushier

Date: 9-19-19

Janice M. Winfrey
City Clerk

City of Detroit
OFFICE OF THE CITY CLERK

Caven West
Deputy City Clerk/Chief of Staff

DEPARTMENTAL REFERENCE COMMUNICATION

Monday, August 5, 2019

To: The Department or Commission Listed Below

From: Janice M. Winfrey, Detroit City Clerk

The following petition is herewith referred to you for report and recommendation to the City Council.

In accordance with that body's directive, kindly return the same with your report in duplicate within four (4) weeks.

MAYOR'S OFFICE PLANNING AND DEVELOPMENT DEPARTMENT
DPW - CITY ENGINEERING DIVISION POLICE DEPARTMENT
FIRE DEPARTMENT BUSINESS LICENSE CENTER
TRANSPORTATION DEPARTMENT MUNICIPAL PARKING DEPARTMENT

1026 *Eastern Market Brewing Co, request to hold "Eastern Market Brewing Co's Oktoberfest" at 2515 Riopelle on October 5, 2019 from 10:00 AM to 11:00 PM with the temporary closure of Riopelle from Adelaide to Winder.*

10/5/19

City of Detroit Special Events Application

Successful events are the result of advance planning, effective communication and teamwork. The City of Detroit will be strictly adhering to the special events guidelines, please print them out for reference. You are required to complete the information below so that the City of Detroit can gain a thorough understanding of the scope and needs of the event. This form must be completed and returned to the City of Detroit Clerk's Office at least 60 days prior to the first day of the event. If submitted later than 60 days prior, application is subject to denial. Please type or print clearly and attach additional sheets or maps as needed.

Section 1- GENERAL EVENT INFORMATION

Event Name: Eastern Market Brewing Co's Oktoberfest

Event Location: Eastern Market Brewing Co located at 2515 Riopelle, Detroit, MI 48207

Section 2- ORGANIZATION/APPLICANT INFORMATION

Organization Name: Eastern Market Brewing Co

Organization Mailing Address: 2515 Riopelle, Detroit, MI 48207

Business Phone: 313-502-5165

Business Fax:

Federal Tax ID # 81-1373046

If registered as a non-profit, indicate non-profit ID number and attach a copy of the certificate.

Applicant Name: Shalyn Getz

Title/Role: Marketing Director

Email Address: shalyn@easternmarket.beer

Mailing Address: 2515 Riopelle, Detroit, MI 48207

Business Phone: 410-598-1016

Business Fax:

Event On-Site Contact Person: Shalyn Getz

Mailing Address: 2515 Riopelle, Detroit, MI 48207

Business Phone: 410-598-1016

Business Fax:

List name/phone number of person(s) authorized to make decisions for the organization/event (indicate role/responsibility).

List Event Sponsors:

Event Elements (check all that apply)

☐ Walkathon

☐ Carnival/Circus

☐ Concert/Performance

☐ Run/Marathon

☐ Bike Race

☐ Religious Ceremony

☐ Political Event

☒ Festival

☐ Filming

☐ Parade

☐ Sports/Recreation

☐ Rally/Demonstration

☐ Convention/Conference

☐ Fireworks

☐ Other: _____

Provide a brief description of your event:

We'll be holding our first annual Oktoberfest. The event will be similar to other events, where we close our block of Riopelle for the day.

What are the projected set-up, event and tear down dates and times (must be completed)?

Begin Set-up Date & Time: 10/5/19 @ 6am Complete Set-up Date & Time: 10/5/19 @ 10am

Event Start Date & Time: 10/5/19 @ 10am Event End Date & Time: 10/5/19 @ 11pm

Begin Tearing Down Date: 10/5/19 @ 11pm Complete Tear Down Date: 10/5/19 @ Midnight

Event Times (If more than one day, give times for each day):

Is this the first time you have held this event in the City of Detroit? ☒ Yes ☐ No

If no, what years has the event been held in Detroit?

When was the event last held in Detroit?

Where was the event last held in Detroit?

What were the hours last year?

Project Attendance This Year (Minimum – Maximum)? 250-500

What is the basis for your projected attendance? Previous events and the fact that this is our first year holding this event

Please describe your anticipated/ target audience:

Is this going to be an annual event? ☒ Yes ☐ No

If yes, do you have a preferred/proposed for next year? If successful, we'd like to hold this event again next year.

If a parade is planned. Indicate elements (check all that apply):

☐ People ☐ Balloons

☐ Floats ☐ Animals

☐ Vehicles ☐ Other:

☐ Bands

If animals included, specify type, number and how used.

Name of business supplying animal(s):

Contact Person:

Address:

Phone:

City/State/Zip:

Section 3- LOCATION/SITE INFORMATION

Location of Event: Eastern Market Brewing Co at 2515 Riopelle, Detroit, MI 48207

Facilities to be used (circle): Street Sidewalk Park City Facility

Please attach a site plan which illustrates the anticipated layout of your event including the following:

- | | |
|-----------------------------------|--|
| -Public entrance and exit | -Location of First Aid |
| -Location of merchandising booths | -Location of fire lane |
| -Location of food booths | -Proposed route for walk/run |
| -Location of garbage receptacles | -Location of tents and canopies |
| -Location of beverage booths | -Sketch of street closure |
| -Location of sound stages | -Location of bleachers |
| -Location of hand washing sinks | -Location of press area |
| -Location of portable restrooms | -Sketch of proposed light pole banners |

Section 4- ENTERTAINMENT

What type of entertainment will be used? (check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Singers | <input type="checkbox"/> Magician |
| <input checked="" type="checkbox"/> Musicians | <input type="checkbox"/> Story Telling |
| <input type="checkbox"/> Comedians | <input type="checkbox"/> Other: _____ |

Describe the entertainment for this year's event: Live bands

List proposed entertainers and/or bands performing at the event: We have multiple bands we work with throughout the year; we'll have three or four perform throughout the event

Will a sound system be used? ☒ Yes ☐ No

If yes, what type of sound system? Just a small, personal-sized PA

☐ Acoustic-audible, sound heard within natural range

☒ Amplified-augmented, sound increased to broaden range

The amplified sound will be used: _____

Will the event consist of a musical concert? ☒ Yes ☐ No

If yes, what type of music? (check all that apply)

☒ Live ☐ Recorded ☐ Karaoke/Lip-synch

Describe specific power needs for entertainment and/or music: _____

We use standard, 120-volt outlets on the side of our building

How many generators will be used? none

How will the generators be fueled? n/a

Name of vendor providing generators: _____

Contact Person: _____

Address: _____

Phone: _____

City/State/Zip: _____

Section 5- COMMUNICATION/ADVERTISING STRATEGY

Check all applicable boxes that describe the type of promotion you plan to use to attract participants:

☐ Radio (Specify stations): _____

☐ Television (Specific stations): _____

☐ Newspapers (specify papers): _____

☒ Web site (identify web address): www.eastemmarket.beer

☐ Public Relations or Marketing Firm (Specify): _____

Contact Info:

☐ Raffle (List Item(s)): _____

☐ Billboards

☐ Flyers

☐ Street Banners

☐ Other (specify): _____

NOTE: All raffles subject to laws of State/City.

Section 6- SALES INFORMATION

Will there be advanced ticket sales? ☐ Yes ☒ No
If yes, please describe: _____

Will there be on-site ticket sales? ☐ Yes ☒ No
If yes, list price(s): _____

Will food be sold? ☒ Yes ☐ No
If yes, please pick up Special Events Vendor Packet in Suite 105: _____

Will merchandise be sold? ☒ Yes ☐ No
If yes, describe: just our usual merchandise that we sell out of our existing, licensed space

Will a percentage of the proceeds be distributed to a charitable organization? ☐ Yes ☒ No
If yes, describe: _____

If the event is a fundraiser, identify charity or recipient of funds: _____

Will there be vending or sales? ☒ Yes ☐ No
If yes, check all that apply:

☒ Food

☒ Merchandise

☒ Non-Alcoholic Beverages

☒ Alcoholic Beverages

☐ Other (specify): _____

Indicate type of items to be sold:

Just the same things we currently sell on a day-to-day basis

Will these be exclusive vendors or outside vendors? (please describe): Exclusive

Section 7- PUBLIC SAFETY & PARKING INFORMATION

Name of Private Security Company: Existing park contract security will be used.

Contact Person: _____

Address: _____

Phone: _____

City/State/Zip: _____

Number of Private Security Personnel Hired Per Shift: _____

Are the private security personnel (check all that apply):

☐ Licensed

☐ Armed

☐ Bonded

Describe the emergency evacuation plan: There will be entries and exits at each end of the block

Describe the parking plan to accommodate anticipated attendance: Existing public parking in Eastern Market

How will you advise attendees of parking options? Website and social media

Are you seeking a group parking rate? no

Section 8- COMMUNITY IMPACT INFORMATION

How will your event impact the surrounding community (i.e. pedestrian traffic, sound carryover, safety)?

No impact beyond a typical Eastern Market Saturday

Have local neighborhood groups/businesses approved your event?

☒ Yes

☐ No

Indicate what steps you have or will take to notify them of your event: We will inform Eastern Market Partnership leadership and also
the surrounding businesses during our community meetings.

Indicate contact names and phone numbers (for verification) or attach approved letter(s): Dan Carmody, 260-494-6015

Section 9- EVENT SET-UP

Complete the appropriate categories that apply to the event.

Structure

How Many?

1 Tent Canopy

Size/Height

20x40

Booth

Tent (enclosed on 3 sides)

Canopy (open on all sides) _____

Staging/Scaffolding _____

Bleachers _____

Company:

Grill

☐ Gas

☐ Charcoal

☐ Electrical

☐ Propane

Fireworks (Pyrotechnics)

☐ Aerial

☐ Stage

Provide Sketch:

Portable Restrooms:

☒ Standard

☒ ADA Accessible

Vehicles

Type/Weight:

Other:

NOTE: Specific requirements must be met and special approval must be received by the Detroit Fire Department.

Will additional electrical wiring need to be installed? Specify locations, voltage, amperage, and phase.

Will additional utility services be used (power, water, etc.)? Please describe.

Do you plan a fireworks display? List dates, time, location, vendor, and attach certificate of insurance.

Section 10- COMPLETE ALL THAT APPLY

Name of Sanitation Company collecting refuse and garbage?

Contact Person: _____

Address: _____

Phone: _____

City/State/Zip _____

Name of company providing emergency medical services?

Contact Person: _____

Address: _____

City/State/Zip: _____

Name of company providing porta-johns.

Contact Person: _____

Address: _____

Phone: _____

City/State/Zip: _____

Name of private catering company?

Contact Person: _____

Address: _____

Phone: _____

City/State/Zip: _____

SPECIAL USE REQUESTS

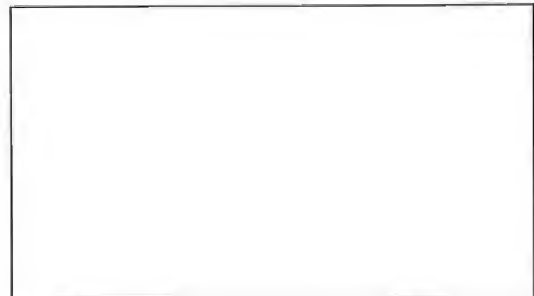
List any streets or possible streets you are requesting to be closed. Include the day, date, and time of requested closing and reopening. Neighborhood Signatures must be submitted with application for approval.

Attach a map or sketch of the proposed area for closure.

STREET NAME: Riopelle St

FROM Adelaide
TO Winder

Closure Dates: 10/5/19
Beg. Time: 6am
End Time: midnight
Reopen Date: 10/5/19
Time: midnight



STREET NAME: _____

FROM _____
TO _____

Closure Dates: _____
Beg. Time: _____
End Time: _____
Reopen Date: _____
Time: _____

STREET NAME: _____

FROM _____
TO _____

Closure Dates: _____
Beg. Time: _____
End Time: _____
Reopen Date: _____
Time: _____

STREET NAME: _____

FROM _____
TO _____

Closure Dates: _____
Beg. Time: _____
End Time: _____
Reopen Date: _____
Time: _____

Requested City Equipment

Provided In: _____ (year)

Current Request: _____ (year)

Street Closures:

☐ Posting no parking signs

☐ Light pole

☐ Electrical Services

☐ Storage for Trailers/Trunks

Barricades are not available from the City of Detroit.

ADDITIONAL INFORMATION

Is there any additional information that you feel is important to mention regarding your event or additional requests?

AUTHORIZATION & AFFIDAVIT OF APPLICANT

I certify that the information contained in the foregoing application is true and correct to the best of my knowledge and belief that I have read, understand and agree to abide by the rules and regulations governing the proposed Special Event, and I understand that this application is made subject to the rules and regulation established by the Mayor or the Mayor's designee. Applicant agrees to comply with all other requirements of the City, County, State, and Federal Government and any other applicable entity, which may pertain to Special Events. I further agree to abide by these rules, and further certify that I, on behalf of the Event agree to be financially responsible for any costs and fees that may be incurred by or on behalf of the Event, to the City of Detroit.



Signature of Applicant

7/31/19

Date

NOTE: Completion of this form does not constitute approval of your event. Pending review by the Special Events Management Team, you will be notified of any requirements, fees, and/or restrictions pertaining to your event.





2019-08-05

1026

1026

Petition of Eastern Market Brewing Co, request to hold "Eastern Market Brewing Co's Oktoberfest" at 2515 Riopelle on October 5, 2019 from 10:00 AM to 11:00 PM with the temporary closure of Riopelle from Adelaide to Winder.

REFERRED TO THE FOLLOWING DEPARTMENT(S)

MAYOR'S OFFICE PLANNING AND DEVELOPMENT
DEPARTMENT
DPW - CITY ENGINEERING DIVISION POLICE
DEPARTMENT
FIRE DEPARTMENT BUSINESS LICENSE CENTER
TRANSPORTATION DEPARTMENT MUNICIPAL

MAYOR'S OFFICE COORDINATORS REPORTOVERALL STATUS (please circle): ☒ **APPROVED** ☐ **DENIED** ☐ **N/A** ☐ **CANCELED**Petition #: 1027 Event Name: 5K Run Community FundraiserEvent Date : October 12, 2019Street Closure: VariousOrganization Name: Alkebulan VillageStreet Address: 7701 Harper Detroit, MI 48213

Receipt date of the COMPLETED Special Events Application:	
Date of City Clerk's Departmental Reference Communication:	
Due date for City Departments reports:	
Due date for the Coordinators Report to City Clerk:	

Event Elements (check all that apply):

- ☐ Walkathon ☐ Carnival/Circus ☐ Concert/Performance ☒ Run/Marathon
☐ Bike Race ☐ Religious Ceremony ☐ Political Ceremony ☐ Festival
☐ Filming ☐ Parade ☐ Sports/Recreation ☐ Rally/Demonstration
☐ Fireworks ☐ Convention/Conference ☐ Other: _____
☐ **24-Hour Liquor License**

Petition Communications (include date/time)

Alkebulan Village will host a 5K Walk/Run at 7701 Harper and the surrounding streets as a community fundraiser from 8:00am - 12:00pm.

**** ALL permits and license requirements must be fulfilled for an approval status ****

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	DPD	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	7th Precinct Assisted Event
	DFD/ EMS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Permits Required
	DPW	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	DPD Assisted Event; No Permits Required
	Health Dept.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Permits Required

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	TED	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	DPD Assisted Event; No Barricades Required
	Recreation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No Jurisdiction
	Bldg & Safety	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Permits Required
	Bus. License	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No Jurisdiction
	Mayor's Office	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	All Necessary permits must be obtained prior to event. If permits are not obtained, departments can enforce closure of event.
	Municipal Parking	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Permits Required
	DDOT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Impact on Buses

MAYOR'S OFFICE

Signature: B. Lusher

Date: 9-19-19

Janice M. Winfrey
City Clerk

City of Detroit
OFFICE OF THE CITY CLERK

Caven West
Deputy City Clerk/Chief of Staff

DEPARTMENTAL REFERENCE COMMUNICATION

Monday, August 5, 2019

To: The Department or Commission Listed Below

From: Janice M. Winfrey, Detroit City Clerk

The following petition is herewith referred to you for report and recommendation to the City Council.

In accordance with that body's directive, kindly return the same with your report in duplicate within four (4) weeks.

DPW - CITY ENGINEERING DIVISION PLANNING AND DEVELOPMENT DEPARTMENT
MAYOR'S OFFICE POLICE DEPARTMENT
FIRE DEPARTMENT BUSINESS LICENSE CENTER
TRANSPORTATION DEPARTMENT MUNICIPAL PARKING DEPARTMENT

1027 *Alkebulan Village, request to hold "5K Run Community Fundraiser" beginning at 7701 Harper on October 12, 2019 from 8:00 AM to 12:00 PM with various street closures in the area of 7701 Harper.*

10/12/19

City of Detroit Special Events Application

Successful events are the result of advance planning, effective communication and teamwork. The City of Detroit will be strictly adhering to the special events guidelines, please print them out for reference. You are required to complete the information below so that the City of Detroit can gain a thorough understanding of the scope and needs of the event. This form must be completed and returned to the City of Detroit Clerk's Office at least 60 days prior to the first day of the event. If submitted later than 60 days prior, application is subject to denial. Please type or print clearly and attach additional sheets or maps as needed.

Section 1- GENERAL EVENT INFORMATION

Event Name: 5K Run Community Fundraiser
 Event Location: Alkebulan Village 7701 Harper

Section 2- ORGANIZATION/APPLICANT INFORMATION

Organization Name: Alkebulan Village
 Organization Mailing Address: 7701 Harper Det, MI 48213
 Business Phone: 313-921-1616 Business Fax:
 Federal Tax ID #

If registered as a non-profit, indicate non-profit ID number and attach a copy of the certificate.

Applicant Name: Veronica Johnson
 Title/Role: Project coordinator
 Email Address: vjohnson@alkebulanvillage.com
 Mailing Address: 7701 Harper Det, MI 48213
 Business Phone: 313-921-1616 Business Fax::

Event On-Site Contact Person:

Mailing Address: Veronica Johnson / Rhonda Kennedy
 Business Phone: 313-332-9333 Business Fax:

List name/phone number of person(s) authorized to make decisions for the organization/event (indicate role/responsibility).

List Event Sponsors:

Event Elements (check all that apply)

- | | | |
|--|--|--|
| <input type="checkbox"/> Walkathon | <input type="checkbox"/> Carnival/Circus | <input type="checkbox"/> Concert/Performance |
| <input checked="" type="checkbox"/> Run/Marathon | <input type="checkbox"/> Bike Race | <input type="checkbox"/> Religious Ceremony |
| <input type="checkbox"/> Political Event | <input type="checkbox"/> Festival | <input type="checkbox"/> Filming |
| <input type="checkbox"/> Parade | <input type="checkbox"/> Sports/Recreation | <input type="checkbox"/> Rally/Demonstration |
| <input type="checkbox"/> Convention/Conference | <input type="checkbox"/> Fireworks | <input type="checkbox"/> Other: _____ |

What are the projected set-up, event and tear down dates and times (must be completed)?

Begin Set-up Date: 10/12/19 Time: 7:00am Complete Set-up Date: 10/12/19 Time: 4:00 pm

Event Start Date: 10/12/19 Time: 8:00am Event End Date: 10/12/19 Time: 12:00 pm

Begin Tearing Down Date: 10/12/19 Complete Tear Down Date: 10/12/19

Event Times (If more than one day, give times for each day):

N/A

Section 3- LOCATION/SITE INFORMATION

Location of Event: 7701 Harper Det. MI 48213

Facilities to be used (circle): ☒ Street ☐ Sidewalk ☐ Park ☐ City

Please attach a copy of Port-a-John, Sanitation, and Emergency Medical Agreements as well as a site plan which illustrates the anticipated layout of your event including the following:

- | | |
|-----------------------------------|--|
| -Public entrance and exit | -Location of First Aid |
| -Location of merchandising booths | -Location of fire lane |
| -Location of food booths | -Proposed route for walk/run |
| -Location of garbage receptacles | -Location of tents and canopies |
| -Location of beverage booths | -Sketch of street closure |
| -Location of sound stages | -Location of bleachers |
| -Location of hand washing sinks | -Location of press area |
| -Location of portable restrooms | -Sketch of proposed light pole banners |

Section 4- ENTERTAINMENT

Describe the entertainment for this year's event:

Will a sound system be used? ☐ Yes ☐ No

If yes, what type of sound system?

Section 5- SALES INFORMATION

Will there be advanced ticket sales? ☒ Yes ☐ No

If yes, please describe:

Will there be on-site ticket sales? ☐ Yes ☒ No

If yes, list price(s):

Will there be vending or sales? ☐ Yes ☒ No

If yes, check all that apply:

☐ Food ☐ Merchandise ☐ Non-Alcoholic Beverages ☐ Alcoholic Beverages

Indicate type of items to be sold:

N/A

Will there be food trucks?

☐ Yes

☒ No

If yes, please list how many:

Will there be a charge for parking?

☐ Yes

☒ No

If yes, please describe the amount:

How will you advise attendees of parking options?

N/A

Section 6- PUBLIC SAFETY & PARKING INFORMATION

Name of Private Security Company:

N/A

Contact Person:

Address:

Phone:

City/State/Zip:

Number of Private Security Personnel Hired Per Shift:

Are the private security personnel (check all that apply):

☐ Licensed

☐ Armed

☐ Bonded

Section 7- COMMUNICATION & COMMUNITY IMPACT INFORMATION

How will your event impact the surrounding community (i.e. pedestrian traffic, sound carryover, safety)?

The street will be blocked off for the run.

Have local neighborhood groups/businesses approved your event?

☒ Yes

☐ No

Indicate what steps you have or will take to notify them of your event:

Going door to door informing

them.

Section 8- EVENT SET-UP

Complete the appropriate categories that apply to the event Structure

Describe specific power needs for entertainment and/or music. If generators will be used, described how many and how they will be fueled:

N/A

Name of vendor providing generators: Contact Person: N/A

Address: Phone:

City/State/Zip

How Many?

Size/Height

Booth

Tents (enclosed on 3 sides)

Canopy (open on all sides)

Staging/Scaffolding

Bleachers

Section 9- COMPLETE ALL THAT APPLY

Emergency medical services?

Contact Person: N/A

Address:

City/State/Zip:

Name of company providing port-a-johns. N/A

Contact Person:

Address: Phone:

City/State/Zip:

Name of private catering company? N/A

Contact Person:

Address: Phone:

City/State/Zip:

SPECIAL USE REQUESTS

List any streets or possible streets you are requesting to be closed. Include the day, date, and time of requested closing and reopening. Neighborhood Signatures must be submitted with application for approval. **Barricades are not available from the City of Detroit.**

Will there be street closures? ☐ Yes ☐ No

If yes, please complete the street closure information below and attach a map or sketch of the proposed area for closure.

See attached maps.

STREET NAME: _____

FROM: _____ **TO:** _____

CLOSURE DATES: _____ **BEG TIME:** _____ **END TIME:** _____

REOPEN DATE: _____ **TIME:** _____

STREET NAME: _____

FROM: _____ **TO:** _____

CLOSURE DATES: _____ **BEG TIME:** _____ **END TIME:** _____

REOPEN DATE: _____ **TIME:** _____

STREET NAME: _____

FROM: _____ **TO:** _____

CLOSURE DATES: _____ **BEG TIME:** _____ **END TIME:** _____

REOPEN DATE: _____ **TIME:** _____

STREET NAME: _____

FROM: _____ **TO:** _____

CLOSURE DATES: _____ **BEG TIME:** _____ **END TIME:** _____

REOPEN DATE: _____ **TIME:** _____

STREET NAME: _____

FROM: _____ **TO:** _____

CLOSURE DATES: _____ **BEG TIME:** _____ **END TIME:** _____

REOPEN DATE: _____ **TIME:** _____

PLEASE ADD IMPORTANT INFORMATION BELOW AND ATTACH A COPY OF THE FOLLOWING:

- 1) CERTIFICATE OF INSURANCE**
- 2) EMERGENCY MEDICAL AGREEMENT**
- 3) SANITATION AGREEMENT**
- 4) PORT-A-JOHN AGREEMENT**
- 5) COMMUNITY COMMUNICATION**

AUTHORIZATION & AFFADAVIT OF APPLICANT

I certify that the information contained in the foregoing application is true and correct to the best of my knowledge and belief that I have read, understood and agreed to abide by the rules and regulations governing the proposed Special Event, and I understand that this application is made subject to the rules and regulations established by the Mayor or the Mayor's designee. Applicant agrees to comply with all other requirements of the City, County, State, and Federal Government and any other applicable entity, which may pertain to Special Events. I further agree to abide by these rules, and further certify that I, on behalf of the Event agree to be financially responsible for any costs and fees that may be incurred by or on behalf of the Event, to the City of Detroit.

V. Johnson
Signature of Applicant

6/24/2019
Date

NOTE: Completion of this form does not constitute approval of your event. Pending review by the Special Events Management Team, you will be notified of any requirements, fees, and/or restrictions pertaining to your event.

HOLD HARMLESS AND INDEMNIFICATION

The Applicant agrees to indemnify and hold the City of Detroit (which includes its agencies, officers, elected officials, appointed officials and employees) harmless from and against injury, loss, damage or liability (or any claims in respect of the foregoing including claims for personal injury and death, damage to property, and reasonable outside attorney's fees) arising from activities associated with this permit, except to the extent attributable to the gross negligence or intentional act or omission of the City.

Applicant affirms that Applicant has read and understands the Hold Harmless and Indemnification provision and agrees to the terms expressed therein.

(Please Print)

Event Name: 5K Run Community Fundraiser Event

Date: 10/12/2019

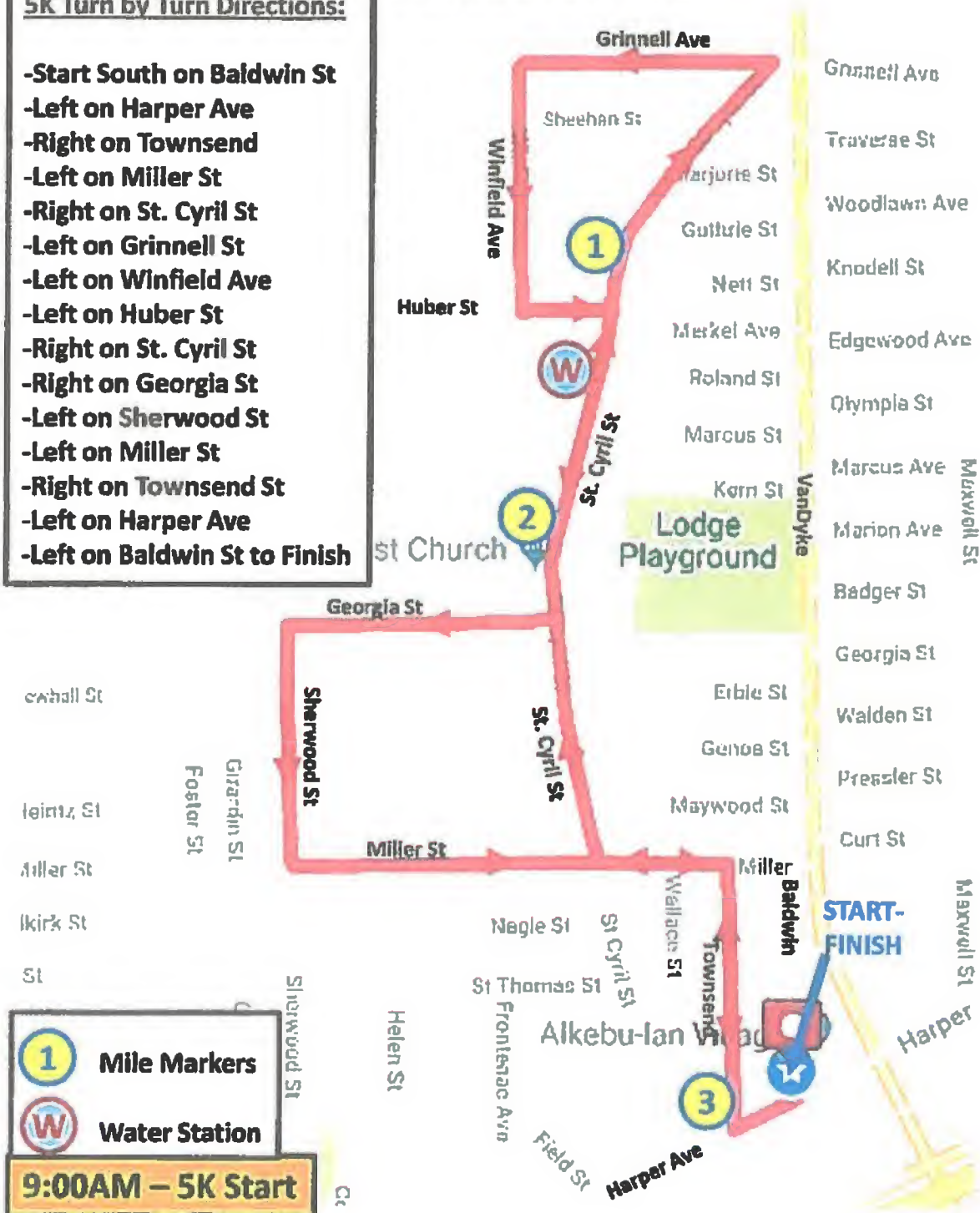
Event Organizer: Veronica Johnson

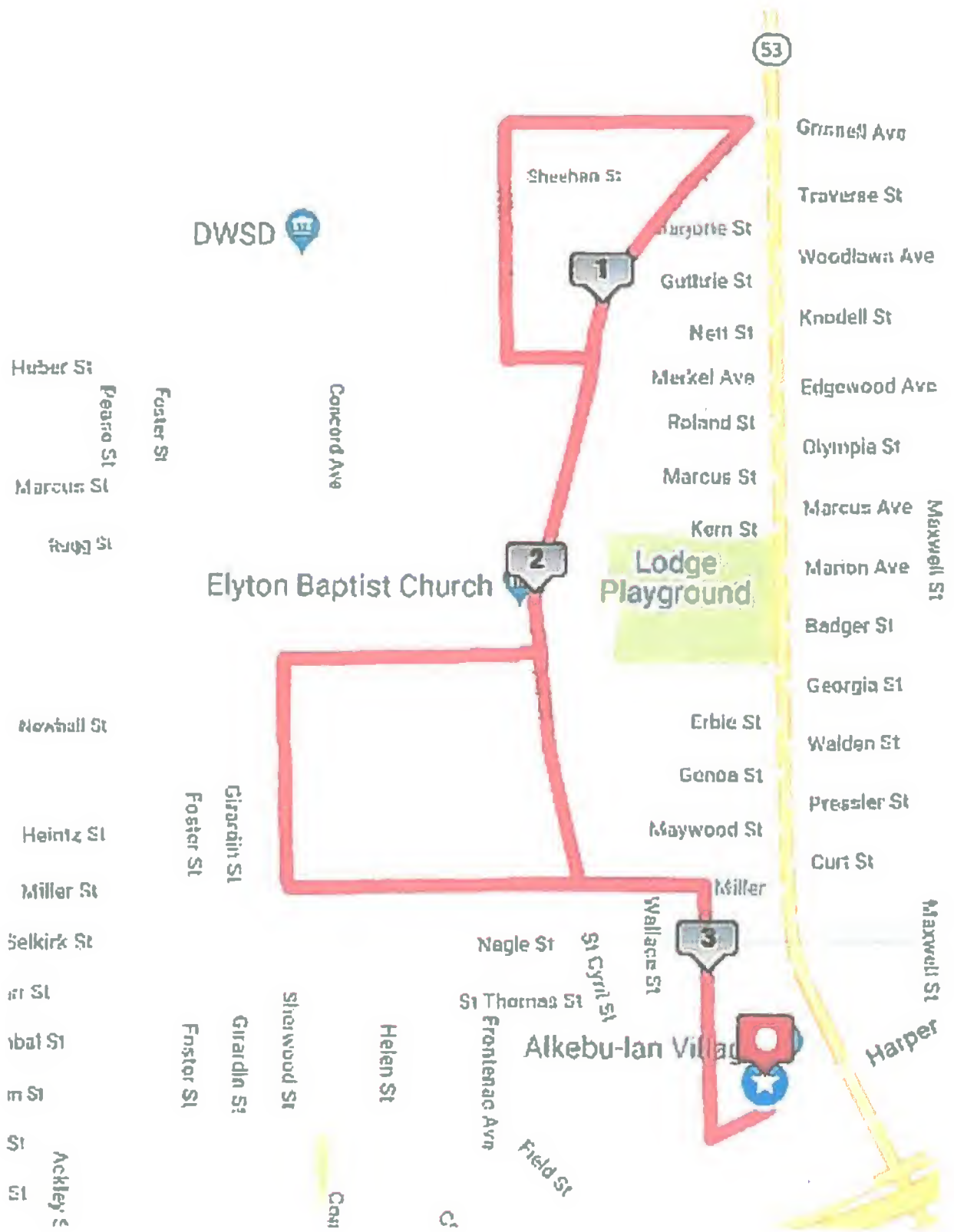
Applicant Signature: V. Johnson

Date: 6/24/2019

OCTOBER 12, 2019

- Start South on Baldwin St
- Left on Harper Ave
- Right on Townsend
- Left on Miller St
- Right on St. Cyril St
- Left on Grinnell St
- Left on Winfield Ave
- Left on Huber St
- Right on St. Cyril St
- Right on Georgia St
- Left on Sherwood St
- Left on Miller St
- Right on Townsend St
- Left on Harper Ave
- Left on Baldwin St to Finish





2019-08-05

1027

1027 *Petition of Alkebulan Village, request to hold "5K Run Community Fundraiser" beginning at 7701 Harper on October 12, 2019 from 8:00 AM to 12:00 PM with various street closures in the area of 7701 Harper.*

REFERRED TO THE FOLLOWING DEPARTMENT(S)

DPW - CITY ENGINEERING DIVISION PLANNING AND
DEVELOPMENT DEPARTMENT
MAYOR'S OFFICE POLICE DEPARTMENT
FIRE DEPARTMENT BUSINESS LICENSE CENTER
TRANSPORTATION DEPARTMENT MUNICIPAL

MAYOR'S OFFICE COORDINATORS REPORT

OVERALL STATUS (please circle): ☒ **APPROVED** ☐ **DENIED** ☐ **N/A** ☐ **CANCELED**

Petition #: 1065 Event Name: Open Streets Dearborn

Event Date: October 6, 2019

Street Closure: Woodmere Street

Organization Name: City of Dearborn/Healthy Dearborn

Street Address: 16901 Michigan Avenue Dearborn, MI 48126

Receipt date of the COMPLETED Special Events Application:	
Date of City Clerk's Departmental Reference Communication:	
Due date for City Departments reports:	
Due date for the Coordinators Report to City Clerk:	

Event Elements (check all that apply):

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Walkathon | <input type="checkbox"/> Carnival/Circus | <input type="checkbox"/> Concert/Performance | <input type="checkbox"/> Run/Marathon |
| <input type="checkbox"/> Bike Race | <input type="checkbox"/> Religious Ceremony | <input type="checkbox"/> Political Ceremony | <input type="checkbox"/> Festival |
| <input type="checkbox"/> Filming | <input type="checkbox"/> Parade | <input checked="" type="checkbox"/> Sports/Recreation | <input type="checkbox"/> Rally/Demonstration |
| <input type="checkbox"/> Fireworks | <input type="checkbox"/> Convention/Conference | <input type="checkbox"/> Other: _____ | |
| <input type="checkbox"/> 24-Hour Liquor License | | | |

Petition Communications (include date/time)

Open Streets Dearborn is requesting the use of Woodmere Street at Vernor Highway from 11:00am - 3:00pm.

** ALL permits and license requirements must be fulfilled for an approval status **

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	DPD	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Dearborn Police Department Assisted Event
	DFD/EMS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Dearborn EMS will Provide Private EMS Services
	DPW	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ROW Permit Required
	Health Dept.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Permits Required

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	TED	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Type III Barricades Required
	Recreation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No Jurisdiction
	Bldg & Safety	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No Jurisdiction
	Bus. License	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No Jurisdiction
	Mayor's Office	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	All Necessary permits must be obtained prior to event. If permits are not obtained, departments can enforce closure of event.
	Municipal Parking	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Parking Signs Required
	DDOT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Low Impact on Buses

MAYOR'S OFFICE

Signature: B. Kuster

Date: 9-19-19

City of Detroit
OFFICE OF THE CITY CLERK

Janice M. Winfrey
City Clerk

Andre P. Gilbert II
Deputy City Clerk

DEPARTMENTAL REFERENCE COMMUNICATION

Friday, September 6, 2019

To: The Department or Commission Listed Below

From: Janice M. Winfrey, Detroit City Clerk

The following petition is herewith referred to you for report and recommendation to the City Council.

In accordance with that body's directive, kindly return the same with your report in duplicate within four (4) weeks.

MAYOR'S OFFICE DPW - CITY ENGINEERING DIVISION
PLANNING AND DEVELOPMENT DEPARTMENT POLICE DEPARTMENT
FIRE DEPARTMENT BUSINESS LICENSE CENTER
TRANSPORTATION DEPARTMENT MUNICIPAL PARKING DEPARTMENT

1065 *City of Dearborn/Healthy Dearborn, request to hold "Open Streets Dearborn" at Woodmere and Vernor on October 6, 2019 from 11:00 AM to 3:00 PM with a temporary closure of Woodmere at Vernor.*

1065
10/6/19

City of Detroit Special Events Application

Successful events are the result of advance planning, effective communication and teamwork. The City of Detroit will be strictly adhering to the Special Events Guidelines; please print them out for reference. Petitioners are required to complete the information below so that the City of Detroit may gain a thorough understanding of the scope and needs of the event. This form must be completed and returned to the Special Events and Film Handling Office at least 60 days prior to the first date of the event. If submitted later than 60 days prior, application is subject to denial. Please type or print clearly and attach additional sheets and maps as needed.

Section 1- GENERAL EVENT INFORMATION

Event Name: Open Streets Dearborn
Event Location: Vernor Hwy → Dix Cross Dix → Holly St → Lapeer Park
(beginning at Woodmere + Vernor, then event is all in Dearborn)
Is this going to be an annual event? ☒ Yes ☐ No
maybe!

Section 2- ORGANIZATION/APPLICANT INFORMATION

Organization Name: City of Dearborn / Healthy Dearborn
Organization Mailing Address: 16901 Michigan Ave. Dearborn MI 48126
Business Phone: 313-378-7052 Business Website: ~~ci.dearborn~~ https://cityofdearborn.org
& www.healthydearborn.org

Applicant Name: Sara Gleicher
Business Phone: 313-378-7052 Cell Phone: 313-378-7052 Email: ~~Bar~~ sgleicher@
ci.dearborn.mi.us

Event On-Site Contact Person:
Name: Sara Gleicher
Business Phone: 313-378-7052 Cell Phone: 313-378-7052 Email: sagleicher@comcast.net

Event Elements (check all that apply)

- | | | |
|--|---|--|
| <input type="checkbox"/> Walkathon | <input type="checkbox"/> Carnival/Circus | <input type="checkbox"/> Concert/Performance |
| <input type="checkbox"/> Run/Marathon | <input type="checkbox"/> Bike Race | <input type="checkbox"/> Religious Ceremony |
| <input type="checkbox"/> Political Event | <input type="checkbox"/> Festival | <input type="checkbox"/> Filming |
| <input type="checkbox"/> Parade | <input checked="" type="checkbox"/> Sports/Recreation | <input type="checkbox"/> Rally/Demonstration |
| <input type="checkbox"/> Convention/Conference | <input type="checkbox"/> Fireworks | <input type="checkbox"/> Other: _____ |

Projected Number of Attendees: 250

Please provide a brief description of your event:

The open streets event purpose is to create a three-mile "paved park"
to showcase alternate modes of travel and physical
activity on public streets. Requesting barricade
allowed at Woodmere + Vernor.

What are the projected set-up, event and tear down dates and times (must be completed)?

Begin Set-up Date: 10/6/19 Time: 8 AM Complete Set-up Date: 10/6/19 Time: 9 AM

Event Start Date: 10/6/19 Time: 11 AM Event End Date: 10/6/19 Time: 3 PM

Begin Tearing Down Date: 10/6/19 Complete Tear Down Date: 10/7/19

Event Times (If more than one day, give times for each day):

Section 3- LOCATION/SITE INFORMATION

Location of Event: Vernor Hwy - Dearborn

Facilities to be used (circle): Street Sidewalk Park City

Please attach a copy of Port-a-John, Sanitation, and Emergency Medical Agreements as well as a site plan which illustrates the anticipated layout of your event including the following:

ATTACHED

- Public entrance and exit
- Location of merchandising booths
- Location of food booths
- Location of garbage receptacles
- Location of beverage booths
- Location of sound stages
- Location of hand washing sinks
- Location of portable restrooms
- Location of First Aid
- Location of fire lane
- Proposed route for walk/run
- Location of tents and canopies
- Sketch of street closure
- Location of bleachers
- Location of press area
- Sketch of proposed light pole banners

Section 4- ENTERTAINMENT

Describe the entertainment for this year's event:

To be determined.

Will a sound system be used? ☐ Yes ☐ No → don't know yet

If yes, what type of sound system?

Section 5- SALES INFORMATION

Will there be advanced ticket sales? ☐ Yes ☒ No
If yes, please describe:

Will there be on-site ticket sales? ☐ Yes ☒ No
If yes, list price(s):

Will there be vending or sales? ☐ Yes ☒ No
If yes, check all that apply:

[] Food [] Merchandise [] Non-Alcoholic Beverages [] Alcoholic Beverages

Indicate type of items to be sold:

NA

Will there be food trucks?

☐ Yes

☒ No

If yes, please list how many:

Will there be a charge for parking?

☐ Yes

☒ No

If yes, please describe the amount:

How will you advise attendees of parking options?

Yes - Flyers, outreach

Section 6- PUBLIC SAFETY & PARKING INFORMATION

Name of Private Security Company:

NA

Contact Person:

Address:

Phone:

City/State/Zip:

Number of Private Security Personnel Hired Per Shift:

Are the private security personnel (check all that apply):

☐ Licensed

☐ Armed

☐ Bonded

Section 7- COMMUNICATION & COMMUNITY IMPACT INFORMATION

How will your event impact the surrounding community (i.e. pedestrian traffic, sound carryover, safety)?

Streets will be closed - Community is involved in planning & implementation

Have local neighborhood groups/businesses approved your event?

☒ Yes

☐ No

Indicate what steps you have or will take to notify them of your event:

flyers, meetings, outreach

Section 8- EVENT SET-UP

Complete the appropriate categories that apply to the event Structure

Describe specific power needs for entertainment and/or music. If generators will be used, described how many and how they will be fueled:

NA

Name of vendor providing generators: Contact Person:

NA

Address:

Phone:

City/State/Zip

How Many?

Size/Height

Booth

Tents (enclosed on 3 sides)

Canopy (open on all sides)

Staging/Scaffolding

Bleachers

NA

Section 9- COMPLETE ALL THAT APPLY

Emergency medical services?

Contact Person:

City of Dearborn - Chief Haddad

Address:

15801 Michigan Ave

City/State/Zip:

Dearborn, MI 48126

Name of company providing port-a-johns.

To be determined

Contact Person:

Address:

Phone:

City/State/Zip:

NA

Name of private catering company?

Contact Person:

Address:

Phone:

City/State/Zip:

SPECIAL USE REQUESTS

List any streets or possible streets you are requesting to be closed. Include the day, date, and time of requested closing and reopening. Neighborhood Signatures must be submitted with application for approval. Barricades are not available from the City of Detroit.

Will there be street closures?

☒ Yes ☐ No

If yes, please complete the street closure information below and attach a map or sketch of the proposed area for closure.

STREET NAME: Woodmere at Vernor - barricade

FROM: _____ TO: _____

CLOSURE DATES: _____ BEG TIME: _____ END TIME: _____

REOPEN DATE: _____ TIME: _____

STREET NAME: _____

FROM: _____ TO: _____

CLOSURE DATES: _____ BEG TIME: _____ END TIME: _____

REOPEN DATE: _____ TIME: _____

STREET NAME: _____

FROM: _____ TO: _____

CLOSURE DATES: _____ BEG TIME: _____ END TIME: _____

REOPEN DATE: _____ TIME: _____

STREET NAME: _____

FROM: _____ TO: _____

CLOSURE DATES: _____ BEG TIME: _____ END TIME: _____

REOPEN DATE: _____ TIME: _____

STREET NAME: _____

FROM: _____ TO: _____

CLOSURE DATES: _____ BEG TIME: _____ END TIME: _____

REOPEN DATE: _____ TIME: _____

PLEASE ADD IMPORTANT INFORMATION BELOW AND ATTACH A COPY OF THE FOLLOWING:

- 1) CERTIFICATE OF INSURANCE
- 2) EMERGENCY MEDICAL AGREEMENT
- 3) SANITATION AGREEMENT
- 4) PORT-A-JOHN AGREEMENT
- 5) COMMUNITY COMMUNICATION

AUTHORIZATION & AFFIDAVIT OF APPLICANT

I certify that the information contained in the foregoing application is true and correct to the best of my knowledge and belief that I have read, understood and agreed to abide by the rules and regulations governing the proposed Special Event, and I understand that this application is made subject to the rules and regulations established by the Mayor or the Mayor's designee. Applicant agrees to comply with all other requirements of the City, County, State, and Federal Government and any other applicable entity, which may pertain to Special Events. I further agree to abide by these rules, and further certify that I, on behalf of the Event agree to be financially responsible for any costs and fees that may be incurred by or on behalf of the Event, to the City of Detroit.

Sara Gleicher

8/19/19

Signature of Applicant

Date

NOTE: Completion of this form does not constitute approval of your event. Pending review by the Special Events Management Team, you will be notified of any requirements, fees, and/or restrictions pertaining to your event.

HOLD HARMLESS AND INDEMNIFICATION

The Applicant agrees to indemnify and hold the City of Detroit (which includes its agencies, officers, elected officials, appointed officials and employees) harmless from and against injury, loss, damage or liability (or any claims in respect of the foregoing including claims for personal injury and death, damage to property, and reasonable outside attorney's fees) arising from activities associated with this permit, except to the extent attributable to the gross negligence or intentional act or omission of the City.

Applicant affirms that Applicant has read and understands the Hold Harmless and Indemnification provision and agrees to the terms expressed therein.

(Please Print)

Event Name: Open Streets Dearborn Event
Date: 10/6/19

Event Organizer: Sara Gleicher / City of Dearborn

Applicant Signature: Sara Gleicher
Date: 8/19/19

City of Dearborn

Special Events Application and Request Form



Today's Date: 07 | 02 | 2019

Sponsoring Organization Information:

Name City of Dearborn and the Healthy Dearborn Coalition
Address 16901 Michigan
City Dearborn State MI Zip 48126 Phone Number 313 9432159

Is your group a State registered non-profit organization? (Be prepared to show proof) ☐ Yes ☒ No

Contact Person Information:

Name David Norwood
Address 16901 Michigan
City Dearborn State MI Zip 48126 Phone Number 313 9432159

On Site Coordinator Information:

Name David Norwood
Address 16901 Michigan
City Dearborn State MI Zip 48126 Phone Number 313 6131872

Event Information:

Name of Event Healthy Dearborn Open Streets
Description of Event See Attached
Preferred Location (s) See Attached
Preferred Set Up Date (s) 10/04/19 Time (s) 9 am - Noon
Preferred Event Date (s) 10/06/19 Time (s) 11 am - 3 pm
Preferred Tear Down and Clean Up Date (s) 10/07/19 Time (s) 8 am - 11am
What is the Expected attendance? 100

Please check the appropriate response to the following questions:

Does your preferred date(s) have any special significance? ☒ Yes ☐ No
If so what? The closing of the streets on Sunday afternoon will have the least amount of impact on traffic

Does your preferred location(s) have any special significance? ☒ Yes ☐ No
If so what? The route will demonstrate on street bicycle paths, mid-block pedestrian crosswalks, highlight the Dix Vernor Corridor Authority, Lapeer Park amenities. The closed streets (Holly and Vernor) will be used for residents and property owners in the area for physical activities such as walks, biking, and displays by the 6 Healthy Dearborn workgroups

Will this event require any street to be closed? ☒ Yes ☐ No
Will food be sold? ☐ Yes ☒ No

This application is subject to approval. A contract will be issued upon approval.

☐ Yes ☒ No

☐ Yes ☒ No

☐ Yes ☒ No☐ Yes ☒ No☐ Yes ☒ No

Please list any facilities or services that you are requesting from the City of Dearborn. Please include the dates these services or facilities must be provided. Also, attach as complete a site plan as is available.

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

This application is subject to approval. A contract will be issued upon approval.

By Byrnes supported by Dabaja.

7-323-19. WHEREAS: The Healthy Dearborn Coalition is requesting City Council approval to conduct the first Healthy Dearborn Open Streets event on Sunday, October 6, 2019 along Vernor and Holly Streets and in Lapeer Park, subject to all applicable ordinances, rules and regulations of the Dearborn Police Department, and

WHEREAS: The Healthy Dearborn Open Streets event is a 4 hour event to promote health, wellness, and fitness for the community near the Dix Vernor corridor. The Healthy Dearborn Open Streets is a free, safe and inclusive event that turns over the street to the community and brings the South End Community together by providing opportunities and showcasing fitness, recreation and community building along city streets. It is anticipated that members of the community will be walking, running, biking, rollerblading, skateboarding, and playing in the streets. The Healthy Dearborn Coalition Work Groups (Health Disparities/Health Equity; Healthy Environments for Physical Activity; Healthy Schools; Healthy at Work; Healthy Food; Inclusive Health Committee) will have tables set up in Lapeer Park and along the route to showcase their projects and their future plans, and

WHEREAS: Open Streets is an internationally recognized project that encourages streets to become places where people of all ages, abilities, and backgrounds can come out and improve their health. The closing of Hines Drive by Wayne County on Saturdays during the summer season is a long running Open Street program, and

WHEREAS: In order to facilitate the movement of participants and to conduct the event in a safe and lawful manner, police control of the Vernor Dix intersection will be needed on this date from approximately 11:00 A.M. until 3:00 P.M. To the extent that these roadways are under the jurisdiction of the City of Dearborn, Wayne County and the State of Michigan, certain permits are required. Accordingly, the mayor's office is requesting that the City Council adopt a resolution approving the below described items and authorizing the Chief of Police to make application and sign all required documents relating to the issuance of any necessary state and county permits as follows:

1. Usage and closure of all lanes of Vernor from the city boundary to Dix Vernor intersection.

2. Usage and closure of all lanes of Holly Street from the Dix Vernor intersection to Lapeer Street.
3. Closure of Lowery Street at the Lowery Street and Holly Street intersection.
4. Closure of Welch Street at the Welch Street and Holly Street intersection.
5. Closure of Dale Street at the Dale Street and Vernor intersection.
6. Closure of Westminster Street at the Westminster Street and Vernor intersection.
7. Closure of Riverside Street at the Riverside Street and Vernor intersection.
8. Usage and placement of DPW barricades to assist with the closure of the above areas. The City of Dearborn agrees to place, erect and remove the barricades, and

WHEREAS: Upon approval, all activities will focus at Lapeer Park and near the American Moslem Society mosque on Vernor. (See attached map), and

WHEREAS: The Healthy Dearborn Coalition is also requesting assistance from the Dearborn Police Department with traffic safety/control for the duration of the event at the Dix Vernor intersection. This special event request is subject to full reimbursement for all City services provided; therefore be it

RESOLVED: That Healthy Dearborn be and is hereby approved to conduct the first Healthy Dearborn Open Streets Event on Sunday, October 6, 2019 from 11 a.m. to 3 p.m. with assistance from DPW for the provision, delivery and pick-up of barricades and from the Police Department for traffic safety/control for the duration of the event at the Dix Vernor intersection; be it further



SUNDAY
OCTOBER 6
11AM-3PM

3.5 miles of
open streets

WALK
BIKE
SKATE
PLAY

WALK
BIKE
SKATE
PLAY



TO VOLUNTEER OR SIGN UP TO RUN AN ACTIVITY

CONTACT: SARAH GLEICHER

(313) 378-7052

SGLEICHER@CI.DEARBORN..MI.US



Beaumont



2019-09-04

1065

1065 *Petition of City of Dearborn/Healthy Dearborn, request to hold "Open Streets Dearborn" at Woodmere and Vernor on October 6, 2019 from 11:00 AM to 3:00 PM with a temporary closure of Woodmere at Vernor.*

REFERRED TO THE FOLLOWING DEPARTMENT(S)

MAYOR'S OFFICE DPW - CITY ENGINEERING DIVISION
PLANNING AND DEVELOPMENT DEPARTMENT POLICE
 DEPARTMENT
FIRE DEPARTMENT BUSINESS LICENSE CENTER
TRANSPORTATION DEPARTMENT MUNICIPAL

36

MAYOR'S OFFICE COORDINATORS REPORTOVERALL STATUS (please circle): ☒ APPROVED ☐ DENIED ☐ N/A ☐ CANCELEDPetition #: 1066 Event Name: Eastern Market Brewing Co Birthday Block PartyEvent Date : October 19, 2019Street Closure: Riopelle StreetOrganization Name: Eastern Market Brewing Co.Street Address: 2515 Riopelle Street Detroit, MI 48207

Receipt date of the COMPLETED Special Events Application:	
Date of City Clerk's Departmental Reference Communication:	
Due date for City Departments reports:	
Due date for the Coordinators Report to City Clerk:	

Event Elements (check all that apply):

- ☐ Walkathon ☐ Carnival/Circus ☐ Concert/Performance ☐ Run/Marathon
☐ Bike Race ☐ Religious Ceremony ☐ Political Ceremony ☒ Festival
☐ Filming ☐ Parade ☐ Sports/Recreation ☐ Rally/Demonstration
☐ Fireworks ☐ Convention/Conference ☐ Other: _____
☒ **24-Hour Liquor License**

Petition Communications (include date/time)

Eastern Market Brewing Co. will host their annual Birthday Block Party from 10:00am - 11:00pm; with temporary street closure on Riopelle between Adelaide and Winder.

**** ALL permits and license requirements must be fulfilled for an approval status ****

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	DPD	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	7th Precinct will Provide Special Attention; Contracted with Eastern Market Security to Provide Private Security Services
	DFD/EMS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pending Inspections
	DPW	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ROW Permit Required
	Health Dept.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Temporary Food License Required

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	TED	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Type III Barricades & Road Closure Signage Required
	Recreation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No Jurisdiction
	Bldg & Safety	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Permit Required for Tent
	Bus. License	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Liquor License Required
	Mayor's Office	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	All Necessary permits must be obtained prior to event. If permits are not obtained, departments can enforce closure of event.
	Municipal Parking	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Purchase of Parking Meters Required
	DDOT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Impact on Buses

MAYOR'S OFFICE

Signature: B. Auster

Date: 9-19-19

City of Detroit
OFFICE OF THE CITY CLERK

Janice M. Winfrey
City Clerk

Andre P. Gilbert II
Deputy City Clerk

DEPARTMENTAL REFERENCE COMMUNICATION

Friday, September 6, 2019

To: The Department or Commission Listed Below

From: Janice M. Winfrey, Detroit City Clerk

The following petition is herewith referred to you for report and recommendation to the City Council.

In accordance with that body's directive, kindly return the same with your report in duplicate within four (4) weeks.

MAYOR'S OFFICE POLICE DEPARTMENT
DPW - CITY ENGINEERING DIVISION BUSINESS LICENSE CENTER
FIRE DEPARTMENT PLANNING AND DEVELOPMENT DEPARTMENT
TRANSPORTATION DEPARTMENT MUNICIPAL PARKING DEPARTMENT

1066 *Eastern Market Brewing Co., request to hold "Eastern Market Brewing Co. Birthday Block Party" at 2515 E Riopelle on October 19, 2019 from 10:00 AM to 11:00 PM with temporary closure of Riopelle from Adelaide to Winder.*

10669
10/19/19

City of Detroit Special Events Application

Successful events are the result of advance planning, effective communication and teamwork. The City of Detroit will be strictly adhering to the special events guidelines, please print them out for reference. You are required to complete the information below so that the City of Detroit can gain a thorough understanding of the scope and needs of the event. This form must be completed and returned to the City of Detroit Clerk's Office at least 60 days prior to the first day of the event. If submitted later than 60 days prior, application is subject to denial. Please type or print clearly and attach additional sheets or maps as needed.

Section 1- GENERAL EVENT INFORMATION

Event Name: Eastern Market Brewing Co. Birthday Block Party

Event Location: Eastern Market Brewing Co. located at 2515 E. Riopelle, Detroit, MI 48207

Section 2- ORGANIZATION/APPLICANT INFORMATION

Organization Name: Eastern Market Brewing Co.

Organization Mailing Address: 2515 E. Riopelle, Detroit, MI 48207

Business Phone: 313-502-5165

Business Fax:

Federal Tax ID # 81-1373046

If registered as a non-profit, indicate non-profit ID number and attach a copy of the certificate.

Applicant Name: Shalyn Getz

Title/Role: Marketing Director

Email Address: shalyn@easternmarket.beer

Mailing Address: 2515 E. Riopelle, Detroit, MI 48207

Business Phone: 410-598-1016

Business Fax::

Event On-Site Contact Person: Shalyn Getz

Mailing Address: 2515 E. Riopelle, Detroit, MI 48207

Business Phone: 410-598-1016

Business Fax:

List name/phone number of person(s) authorized to make decisions for the organization/event (indicate role/responsibility).

List Event Sponsors:

Event Elements (check all that apply)

- | | | |
|--|--|--|
| <input type="checkbox"/> Walkathon | <input type="checkbox"/> Carnival/Circus | <input type="checkbox"/> Concert/Performance |
| <input type="checkbox"/> Run/Marathon | <input type="checkbox"/> Bike Race | <input type="checkbox"/> Religious Ceremony |
| <input type="checkbox"/> Political Event | <input checked="" type="checkbox"/> Festival | <input type="checkbox"/> Filming |
| <input type="checkbox"/> Parade | <input type="checkbox"/> Sports/Recreation | <input type="checkbox"/> Rally/Demonstration |
| <input type="checkbox"/> Convention/Conference | <input type="checkbox"/> Fireworks | <input type="checkbox"/> Other: _____ |

10/19/19

Provide a brief description of your event:

This is our second annual Birthday Block Party, celebrating the second year we've been open for business. This event will be similar to all previous events where we close our block of Riopelle for the day.

What are the projected set-up, event and tear down dates and times (must be completed)?

Begin Set-up Date & Time: 10/19/19 @ 6am Complete Set-up Date & Time: 10/19/19 @ 10am

Event Start Date & Time: 10/19/19 @ 10am Event End Date & Time: 10/19/19 @ 11pm

Begin Tearing Down Date: 10/19/19 @ 11pm Complete Tear Down Date: 10/19/19 @ midnight

Event Times (If more than one day, give times for each day):

Is this the first time you have held this event in the City of Detroit? ☐ Yes ☒ No

If no, what years has the event been held in Detroit? 2018

When was the event last held in Detroit? October 20, 2018

Where was the event last held in Detroit? Same location, 2515 E. Riopelle, Detroit, MI 48207

What were the hours last year? Same hours

Project Attendance This Year (Minimum – Maximum)? 500-1000

What is the basis for your projected attendance? Previous events

Please describe your anticipated/ target audience:

Is this going to be an annual event? ☒ Yes ☐ No

If yes, do you have a preferred/proposed for next year? Yes

If a parade is planned. Indicate elements (check all that apply):

☐ People

☐ Balloons

☐ Floats

☐ Animals

☐ Vehicles

☐ Other: _____

☐ Bands

If animals included, specify type, number and how used.

Name of business supplying animal(s):

Contact Person:

Address:

Phone:

City/State/Zip:

Section 3- LOCATION/SITE INFORMATION

Location of Event: Eastern Market Brewing Co. at 2515 E. Riopelle, Detroit, MI 48207

Facilities to be used (circle): ☒ Street ☐ Sidewalk ☐ Park ☐ City Facility

Please attach a site plan which illustrates the anticipated layout of your event including the following:

- | | |
|-----------------------------------|--|
| -Public entrance and exit | -Location of First Aid |
| -Location of merchandising booths | -Location of fire lane |
| -Location of food booths | -Proposed route for walk/run |
| -Location of garbage receptacles | -Location of tents and canopies |
| -Location of beverage booths | -Sketch of street closure |
| -Location of sound stages | -Location of bleachers |
| -Location of hand washing sinks | -Location of press area |
| -Location of portable restrooms | -Sketch of proposed light pole banners |

Section 4- ENTERTAINMENT

What type of entertainment will be used? (check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Singers | <input type="checkbox"/> Magician |
| <input checked="" type="checkbox"/> Musicians | <input type="checkbox"/> Story Telling |
| <input type="checkbox"/> Comedians | <input type="checkbox"/> Other: _____ |

Describe the entertainment for this year's event: Live bands and DJs

List proposed entertainers and/or bands performing at the event: We have multiple bands that we use throughout the year and plan to have a couple of them perform throughout the event

Will a sound system be used? ☒ Yes ☐ No

If yes, what type of sound system? just a small, personal-sized PA

☐ Acoustic-audible, sound heard within natural range

☒ Amplified-augmented, sound increased to broaden range

The amplified sound will be used:

Will the event consist of a musical concert? ☒ Yes ☐ No

If yes, what type of music? (check all that apply)

☒ Live ☐ Recorded ☐ Karaoke/Lip-synch

Describe specific power needs for entertainment and/or music:

We use standard, 120-volt outlets on the side of our building

How many generators will be used? none

How will the generators be fueled? n/a

Name of vendor providing generators:

Contact Person:

Address:

Phone:

City/State/Zip:

Section 5- COMMUNICATION/ADVERTISING STRATEGY

Check all applicable boxes that describe the type of promotion you plan to use to attract participants:

☐ Radio (Specify stations):

☐ Television (Specific stations):

☐ Newspapers (specify papers):

☒ Web site (identify web address): www.easternmarket.beer

☐ Public Relations or Marketing Firm (Specify):

Contact Info:

☐ Raffle (List Item(s)):

☐ Billboards

☐ Flyers

☐ Street Banners

☐ Other (specify): _____

NOTE: All raffles subject to laws of State/City.

Section 6- SALES INFORMATION

Will there be advanced ticket sales? ☐ Yes ☒ No

If yes, please describe: _____

Will there be on-site ticket sales? ☐ Yes ☒ No

If yes, list price(s): _____

Will food be sold? ☒ Yes ☐ No

If yes, please pick up Special Events Vendor Packet in Suite 105: _____

Will merchandise be sold? ☒ Yes ☐ No

If yes, describe: just our usual merchandise that we sell out of existing, licensed space

Will a percentage of the proceeds be distributed to a charitable organization? ☐ Yes ☒ No

If yes, describe: _____

If the event is a fundraiser, identify charity or recipient of funds: _____

Will there be vending or sales? ☒ Yes ☐ No

If yes, check all that apply:

☒ Food

☒ Merchandise

☒ Non-Alcoholic Beverages

☒ Alcoholic Beverages

☐ Other (specify):

Indicate type of items to be sold:

the same things we currently sell on a day-to-day basis

Will these be exclusive vendors or outside vendors? (please describe): exclusive

Section 7- PUBLIC SAFETY & PARKING INFORMATION

Name of Private Security Company: Existing park contract security will be used.

Contact Person: _____

Address: _____

Phone: _____

City/State/Zip: _____

Number of Private Security Personnel Hired Per Shift: _____

Are the private security personnel (check all that apply):

☐ Licensed

☐ Armed

☐ Bonded

Describe the emergency evacuation plan: There will be entries and exits at each end of the block

Describe the parking plan to accommodate anticipated attendance: existing public parking in Eastern Market

How will you advise attendees of parking options? website and social media

Are you seeking a group parking rate? no

Section 8- COMMUNITY IMPACT INFORMATION

How will your event impact the surrounding community (i.e. pedestrian traffic, sound carryover, safety)?

No impact beyond a typical Market Saturday

Have local neighborhood groups/businesses approved your event?

☒ Yes

☐ No

Indicate what steps you have or will take to notify them of your event: We will inform Eastern Market Partnership leadership and also

the surrounding businesses during our community meetings.

Indicate contact names and phone numbers (for verification) or attach approved letter(s): Dan Carmody, 260-494-6015

Section 9- EVENT SET-UP

Complete the appropriate categories that apply to the event.

Structure

How Many?

1 tent canopy

Size/Height

20 x 40

Booth

Tent (enclosed on 3 sides)

Canopy (open on all sides) _____

Staging/Scaffolding _____

Bleachers _____

Company:

Grill

☐ Gas ☐ Charcoal ☐ Electrical ☐ Propane

Fireworks (Pyrotechnics)

☐ Aerial ☐ Stage

Provide Sketch:

Portable Restrooms:

☒ Standard ☒ ADA Accessible

Vehicles

Type/Weight: _____

Other: _____

NOTE: Specific requirements must be met and special approval must be received by the Detroit Fire Department.

Will additional electrical wiring need to be installed? Specify locations, voltage, amperage, and phase.

Will additional utility services be used (power, water, etc.)? Please describe.

Do you plan a fireworks display? List dates, time, location, vendor, and attach certificate of insurance.

Section 10- COMPLETE ALL THAT APPLY

Name of Sanitation Company collecting refuse and garbage?

Contact Person: _____

Address: _____

Phone: _____

City/State/Zip: _____

Name of company providing emergency medical services?

Contact Person: _____

Address: _____

City/State/Zip: _____

Name of company providing porta-johns.

Contact Person: _____

Address: _____

Phone: _____

City/State/Zip: _____

Name of private catering company?

Contact Person: _____

Address: _____

Phone: _____

City/State/Zip: _____

SPECIAL USE REQUESTS

List any streets or possible streets you are requesting to be closed. Include the day, date, and time of requested closing and reopening. Neighborhood Signatures must be submitted with application for approval.

Attach a map or sketch of the proposed area for closure.

STREET NAME: Riopelle St

FROM Adelaide

TO Winder

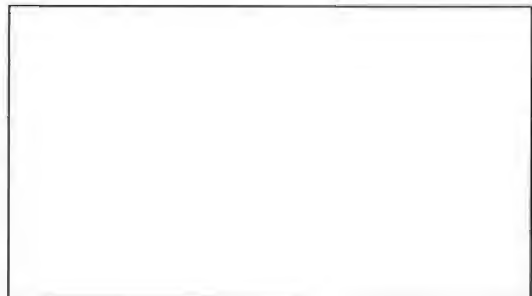
Closure Dates: 10/19/19

Beg. Time: 6am

End Time: midnight

Reopen Date: 10/19/19

Time: midnight



STREET NAME: _____

FROM _____
TO _____

Closure Dates: _____
Beg. Time: _____
End Time: _____
Reopen Date: _____
Time: _____

STREET NAME: _____

FROM _____
TO _____

Closure Dates: _____
Beg. Time: _____
End Time: _____
Reopen Date: _____
Time: _____

STREET NAME: _____

FROM _____
TO _____

Closure Dates: _____
Beg. Time: _____
End Time: _____
Reopen Date: _____
Time: _____

Requested City Equipment

Provided In: _____ (year)

Current Request: _____ (year)

Street Closures:

☐ Posting no parking signs

☐ Light pole

☐ Electrical Services

☐ Storage for Trailers/Trunks

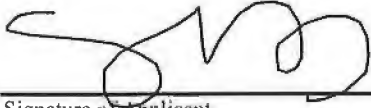
Barricades are not available from the City of Detroit.

ADDITIONAL INFORMATION

Is there any additional information that you feel is important to mention regarding your event or additional requests?

AUTHORIZATION & AFFIDAVIT OF APPLICANT

I certify that the information contained in the foregoing application is true and correct to the best of my knowledge and belief that I have read, understand and agree to abide by the rules and regulations governing the proposed Special Event, and I understand that this application is made subject to the rules and regulation established by the Mayor or the Mayor's designee. Applicant agrees to comply with all other requirements of the City, County, State, and Federal Government and any other applicable entity, which may pertain to Special Events. I further agree to abide by these rules, and further certify that I, on behalf of the Event agree to be financially responsible for any costs and fees that may be incurred by or on behalf of the Event, to the City of Detroit.



Signature of Applicant

9/13/19

Date

NOTE: Completion of this form does not constitute approval of your event. Pending review by the Special Events Management Team, you will be notified of any requirements, fees, and/or restrictions pertaining to your event.



1066

1066 *Petition of Eastern Market Brewing Co., request to hold "Eastern Market Brewing Co. Birthday Block Party" at 2515 E Riopelle on October 19, 2019 from 10:00 AM to 11:00 PM with temporary closure of Riopelle from Adelaide to Winder.*

REFERRED TO THE FOLLOWING DEPARTMENT(S)

MAYOR'S OFFICE POLICE DEPARTMENT
DPW - CITY ENGINEERING DIVISION BUSINESS
LICENSE CENTER
FIRE DEPARTMENT PLANNING AND DEVELOPMENT
DEPARTMENT
TRANSPORTATION DEPARTMENT MUNICIPAL

MAYOR'S OFFICE COORDINATORS REPORTOVERALL STATUS (please circle): ☒ **APPROVED** ☐ **DENIED** ☐ **N/A** ☐ **CANCELED**Petition #: 1068 Event Name: Slow Your Role on ViolenceEvent Date: October 26, 2019Street Closure: NoneOrganization Name: Still StandingStreet Address: 7310 Woodward Avenue Detroit, MI 48202

Receipt date of the COMPLETED Special Events Application:	
Date of City Clerk's Departmental Reference Communication:	
Due date for City Departments reports:	
Due date for the Coordinators Report to City Clerk:	

Event Elements (check all that apply):

- ☐ Walkathon ☐ Carnival/Circus ☐ Concert/Performance ☐ Run/Marathon
☐ Bike Race ☐ Religious Ceremony ☐ Political Ceremony ☐ Festival
☐ Filming ☐ Parade ☐ Sports/Recreation ☐ Rally/Demonstration
☐ Fireworks ☐ Convention/Conference ☒ Other: Awareness Walk
☐ **24-Hour Liquor License**

Petition Communications (include date/time)

Still Standing will host their annual walk to bring awareness to Domestic Violence on Woodward Avenue (sidewalk only) from 10:00am - 1:00pm.

**** ALL permits and license requirements must be fulfilled for an approval status ****

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	DPD	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	DPD will Provide Special Attention
	DFD/EMS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Permits Required
	DPW	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Permits Required
	Health Dept.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No Jurisdiction

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	TED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No Jurisdiction
	Recreation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No Jurisdiction
	Bldg & Safety	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No Jurisdiction
	Bus. License	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No Jurisdiction
	Mayor's Office	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	All Necessary permits must be obtained prior to event. If permits are not obtained, departments can enforce closure of event.
	Municipal Parking	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No Jurisdiction
	DDOT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Impact on Buses

MAYOR'S OFFICE

Signature: B. Justice

Date: 9-19-19

City of Detroit
OFFICE OF THE CITY CLERK

Janice M. Winfrey
City Clerk

Andre P. Gilbert II
Deputy City Clerk

DEPARTMENTAL REFERENCE COMMUNICATION

Friday, September 6, 2019

To: The Department or Commission Listed Below

From: Janice M. Winfrey, Detroit City Clerk

The following petition is herewith referred to you for report and recommendation to the City Council.

In accordance with that body's directive, kindly return the same with your report in duplicate within four (4) weeks.

MAYOR'S OFFICE DPW - CITY ENGINEERING DIVISION
PLANNING AND DEVELOPMENT DEPARTMENT POLICE DEPARTMENT
FIRE DEPARTMENT BUSINESS LICENSE CENTER
TRANSPORTATION DEPARTMENT MUNICIPAL PARKING DEPARTMENT

1068 *Still Standing, request hold a walkathon from Woodward at Campus Martius to Woodward at W. Grand on 10-26-19 from 10:00am to 1:00pm.*

1068 10/26/19

City of Detroit Special Events Application

Successful events are the result of advance planning, effective communication and teamwork. The City of Detroit will be strictly adhering to the Special Events Guidelines; please print them out for reference. Petitioners are required to complete the information below so that the City of Detroit may gain a thorough understanding of the scope and needs of the event. This form must be completed and returned to the Special Events and Film Handling Office at least **60 days** prior to the first date of the event. If submitted later than 60 days prior, application is subject to denial. Please type or print clearly and attach additional sheets and maps as needed.

Section 1- GENERAL EVENT INFORMATION

Event Name: Still Standing presents: Slow Your Role on Violence

Event Location: New Center Park area

Is this going to be an annual event? x ☐ Yes ☐ No

Section 2- ORGANIZATION/APPLICANT INFORMATION

Organization Name: Still Standing

Organization Mailing Address: 7310 Woodward Ave Suite 445 Detroit MI 48202

Business Phone: 313 744 5697

Business Website: stillstandingredeemed.org

Applicant Name: Shari Ware

Business Phone: 313 744 5697

Cell Phone: 313 510 0733

Email: sware.stillstanding@gmail.com

Event On-Site Contact Person:

Name: Shari Ware

Business Phone:

Cell Phone: 313 510 0733

Email: sware.stillstanding@gmail.com

Event Elements (check all that apply)

☐ Walkathon

☐ Carnival/Circus

☐ Concert/Performance

☐ Run/Marathon

☐ Bike Race

☐ Religious Ceremony

☐ Political Event

☐ Festival

☐ Filming

☐ Parade

☐ Sports/Recreation

☐ Rally/Demonstration

☐ Convention/Conference

☐ Fireworks

☒ Other: Awareness Walk

Please provide a brief description of your event:

We would like to host a walk that's focus is to bring awareness to violence.

What are the projected set-up, event and tear down dates and times (must be completed)?

Begin Set-up Date : NA Time: Complete Set-up Date: Time:
Event Start Date: 10/26/19 Time: 10:00am Event End Date: 10/26/19 Time: 1:00pm

Begin Tearing Down Date: NA Complete Tear Down Date:

Event Times (If more than one day, give times for each day):

Section 3- LOCATION/SITE INFORMATION

Location of Event: New Center One area We will be walking Woodward on the side walk only from West Grand Blvd. to Jefferson (Campus Martius).

Facilities to be used (circle): Street Sidewalk Park City

Please attach a copy of Port-a-John, Sanitation, and Emergency Medical Agreements as well as a site plan which illustrates the anticipated layout of your event including the following:

- Public entrance and exit
- Location of merchandising booths
- Location of food booths
- Location of garbage receptacles
- Location of beverage booths
- Location of sound stages
- Location of hand washing sinks
- Location of portable restrooms
- Location of First Aid
- Location of fire lane
- Proposed route for walk/run
- Location of tents and canopies
- Sketch of street closure
- Location of bleachers
- Location of press area
- Sketch of proposed light pole banners

Section 4- ENTERTAINMENT

Describe the entertainment for this year's event: NA

Will a sound system be used? ☐ Yes ☒ No

If yes, what type of sound system?

Describe specific power needs for entertainment and/or music:

NA

How many generators will be used? _____

How will the generators be fueled? _____

Name of vendor providing generators:

Contact Person: NA

Address:

Phone:

City/State/Zip

Section 5- SALES INFORMATION

Will there be advanced ticket sales? ☒ Yes ☐ No

If yes, please describe:

Will there be on-site ticket sales? ☒ Yes ☐ No \$25.00

If yes, list price(s):

Will there be vending or sales? ☐ Yes ☐ No ☒ No

If yes, check all that apply:

☐ Food

☐ Merchandise

☐ Non-Alcoholic Beverages

☐ Alcoholic Beverages

Indicate type of items to be sold:

Section 6- PUBLIC SAFETY & PARKING INFORMATION

Name of Private Security Company:

Contact Person:

Address: NA

Phone:

City/State/Zip:

Number of Private Security Personnel Hired Per Shift:

Are the private security personnel (check all that apply):

☐ Licensed

☐ Armed

☐ Bonded

How will you advise attendees of parking options?

Participants will be advised where to park when registering for event, details will be posted through marketing materials, email blasts and social media.

Section 7- COMMUNICATION & COMMUNITY IMPACT INFORMATION

How will your event impact the surrounding community (i.e. pedestrian traffic, sound carryover, safety)?

Pedestrian traffic

Have local neighborhood groups/businesses approved your event? Not yet!

☐ Yes

☐ No

Indicate what steps you have or will take to notify them of your event:

We will personally reach out to the neighborhoods groups/businesses for their support.

Section 8- EVENT SET-UP

Complete the appropriate categories that apply to the event **Structure**

	How Many?	Size/Height
Booth		
Tents (enclosed on 3 sides)	NA	
Canopy (open on all sides)	NA	
Staging/Scaffolding	NA	
Bleachers	NA	

Section 9- COMPLETE ALL THAT APPLY

Emergency medical services?

Contact Person: NA

Address:

City/State/Zip:

Name of company providing port-a-johns.

Contact Person: NA

Address:

Phone:

City/State/Zip:

Name of private catering company?

Contact Person: NA

Address:

Phone:

City/State/Zip:

SPECIAL USE REQUESTS

List any streets or possible streets you are requesting to be closed. Include the day, date, and time of requested closing and reopening. Neighborhood Signatures must be submitted with application for approval. **Barricades are not available from the City of Detroit.**

Attach a map or sketch of the proposed area for closure.

STREET NAME: NA

FROM: _____ TO: _____

CLOSURE DATES: _____ BEG TIME: _____ END TIME: _____

REOPEN DATE: _____ TIME: _____

STREET NAME: _____

FROM: _____ TO: _____

CLOSURE DATES: _____ BEG TIME: _____ END TIME: _____

REOPEN DATE: _____ TIME: _____

STREET NAME: _____

FROM: _____ TO: _____

CLOSURE DATES: _____ BEG TIME: _____ END TIME: _____

REOPEN DATE: _____ TIME: _____

STREET NAME: _____

FROM: _____ TO: _____

CLOSURE DATES: _____ BEG TIME: _____ END TIME: _____

REOPEN DATE: _____ TIME: _____

STREET NAME: _____

FROM: _____ TO: _____

CLOSURE DATES: _____ BEG TIME: _____ END TIME: _____

REOPEN DATE: _____ TIME: _____

PLEASE ADD IMPORTANT INFORMATION BELOW AND ATTACH A COPY OF THE FOLLOWING:

- 1) CERTIFICATE OF INSURANCE**
- 2) EMERGENCY MEDICAL AGREEMENT**
- 3) SANITATION AGREEMENT**
- 4) PORT-A-JOHN AGREEMENT**
- 5) COMMUNITY COMMUNICATION**

AUTHORIZATION & AFFADAVIT OF APPLICANT

I certify that the information contained in the foregoing application is true and correct to the best of my knowledge and belief that I have read, understood and agreed to abide by the rules and regulations governing the proposed Special Event, and I understand that this application is made subject to the rules and regulations established by the Mayor or the Mayor's designee. Applicant agrees to comply with all other requirements of the City, County, State, and Federal Government and any other applicable entity, which may pertain to Special Events. I further agree to abide by these rules, and further certify that I, on behalf of the Event agree to be financially responsible for any costs and fees that may be incurred by or on behalf of the Event, to the City of Detroit.

Shari Ware
Signature of Applicant

08/20/19

Date

NOTE: Completion of this form does not constitute approval of your event. Pending review by the Special Events Management Team, you will be notified of any requirements, fees, and/or restrictions pertaining to your event.

HOLD HARMLESS AND INDEMNIFICATION

The Applicant agrees to indemnify and hold the City of Detroit (which includes its agencies, officers, elected officials, appointed officials and employees) harmless from and against injury, loss, damage or liability (or any claims in respect of the foregoing including claims for personal injury and death, damage to property, and reasonable outside attorney's fees) arising from activities associated with this permit, except to the extent attributable to the gross negligence or intentional act or omission of the City.

Applicant affirms that Applicant has read and understands the Hold Harmless and Indemnification provision and agrees to the terms expressed therein.

(Please Print)

Event Name: Slow your ROLE on Violence _____ Event Date: 10/26/19

Event Organizer: Shari Ware _____

Applicant Signature: Shari Ware _____ Date: 08/20/19

STILL STANDING SLOW YOUR ROLE WALK ROUTE

We will begin walking North down Woodward, beginning at Campus Martius at Congress St. and ending at our office located at 7310 Woodward Ave. We will be crossing streets Fort, Michigan, Gratiot, Mack, Warren, arriving at Woodward and W. Grand Blvd.

Once we reach the office location, we will be taking 12 seconds of silence in recognition, reflection, memory and honor of all battered men, women and children, especially those who have been murdered by their batterers. After taking the 12 seconds, we will then be releasing purple balloons.

This walk **will not** include any vendors, entertainment, police assistance, road shut downs, sound systems or tents/canopy's.

2019-09-04

1068

1068 *Petition of Still Standing, request hold
a walkathon from Woodward at
Campus Martius to Woodward at W.
Grand on 10-26-19 from 10:00am to
1:00pm.*

REFERRED TO THE FOLLOWING DEPARTMENT(S)

MAYOR'S OFFICE DPW - CITY ENGINEERING DIVISION
PLANNING AND DEVELOPMENT DEPARTMENT POLICE
DEPARTMENT
FIRE DEPARTMENT BUSINESS LICENSE CENTER
TRANSPORTATION DEPARTMENT MUNICIPAL

38

MAYOR'S OFFICE COORDINATORS REPORTOVERALL STATUS (please circle): ☒ **APPROVED** ☐ **DENIED** ☐ **N/A** ☐ **CANCELED**Petition #: 1085 Event Name: 2019 Natural Disaster Preparedness ExpoEvent Date : September 28, 2019Street Closure: NoneOrganization Name: Montford Point Marines AmericaStreet Address: 1 Lafayette Plaisance #912 Detroit, MI 48207

Receipt date of the COMPLETED Special Events Application:	
Date of City Clerk's Departmental Reference Communication:	
Due date for City Departments reports:	
Due date for the Coordinators Report to City Clerk:	

Event Elements (check all that apply):

- ☐ Walkathon ☐ Carnival/Circus ☐ Concert/Performance ☐ Run/Marathon
☐ Bike Race ☐ Religious Ceremony ☐ Political Ceremony ☐ Festival
☐ Filming ☐ Parade ☐ Sports/Recreation ☐ Rally/Demonstration
☐ Fireworks ☐ Convention/Conference ☒ Other: Community Expo
☐ **24-Hour Liquor License**

Petition Communications (include date/time)

The Montford Point Marines of America will host their annual event to prepare citizens for natural disasters at the Martin Luther King, Jr. Senior High School parking lot from 10:00am - 5:30pm.

**** ALL permits and license requirements must be fulfilled for an approval status ****

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	DPD	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	7th Precinct will Provide Special Attention
	DFD/ EMS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Permits Required
	DPW	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Jurisdiction
	Health Dept.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Permits Required

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	TED	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Permits Required
	Recreation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No Jurisdiction
	Bldg & Safety	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Permits Required
	Bus. License	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No Jurisdiction
	Mayor's Office	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	All Necessary permits must be obtained prior to event. If permits are not obtained, departments can enforce closure of event.
	Municipal Parking	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No Jurisdiction
	DDOT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Impact on Buses

MAYOR'S OFFICE

Signature: B. Ausher

Date: 9-19-19

City of Detroit
OFFICE OF THE CITY CLERK

Janice M. Winfrey
City Clerk

Andre P. Gilbert II
Deputy City Clerk

DEPARTMENTAL REFERENCE COMMUNICATION

Thursday, September 19, 2019

To: The Department or Commission Listed Below

From: Janice M. Winfrey, Detroit City Clerk

The following petition is herewith referred to you for report and recommendation to the City Council.

In accordance with that body's directive, kindly return the same with your report in duplicate within four (4) weeks.

MAYOR'S OFFICE BUSINESS LICENSE CENTER
DPW - CITY ENGINEERING DIVISION PLANNING AND DEVELOPMENT DEPARTMENT
RECREATION DEPARTMENT POLICE DEPARTMENT
FIRE DEPARTMENT

1085 *Montford Point Marines America, request to hold 2019 National Disaster Preparedness Expo at Martin Luther King High School on September 28, 2019 from 3:30pm to 5:30pm with set-up and tear down on the same day.*

City of Detroit Special Events Application

9/28/19
1085

Successful events are the result of advance planning, effective communication and teamwork. The City of Detroit will be strictly adhering to the special events guidelines, please print them out for reference. You are required to complete the information below so that the City of Detroit can gain a thorough understanding of the scope and needs of the event. This form must be completed and returned to the City of Detroit Clerk's Office at least 60 days prior to the first day of the event. If submitted later than 60 days prior, application is subject to denial. Please type or print clearly and attach additional sheets or maps as needed.

Section 1- GENERAL EVENT INFORMATION

Event Name: 2019 NATIONAL DISASTER PREPAREDNESS EXPO

Event Location: MARTIN LUTHER KING HIGH SCHOOL 3200 E. LAFAYETTE

Section 2- ORGANIZATION/APPLICANT INFORMATION

Organization Name: MONTFORD POINT MARINES AMERICA

Organization Mailing Address: 1 LAFAYETTE PLAISANCE #912 DETROIT, MI 48207

Business Phone: 313-300-0165

Business Fax: 313-392-0355

Federal Tax ID # 38-5295532

If registered as a non-profit, indicate non-profit ID number and attach a copy of the certificate.

Applicant Name: ROBERT MIDDLETON

Title/Role: NATIONAL COMMANDANT

Email Address: MONTFORDPOINTMARINESMICHIGAN@COMCAST.NET

Mailing Address: P.O. BOX 7293 DETROIT, MI 48207

Business Phone: 313-300-0165

Business Fax: 313-392-0355

Event On-Site Contact Person:

Mailing Address: SAME AS ABOVE

Business Phone: 313-300-0165

Business Fax: 313-392-0355

List name/phone number of person(s) authorized to make decisions for the organization/event (indicate role/responsibility).

List Event Sponsors: ROBERT MIDDLETON

Event Elements (check all that apply)

☐ Walkathon

☐ Carnival/Circus

☐ Concert/Performance

☐ Run/Marathon

☐ Bike Race

☐ Religious Ceremony

☐ Political Event

☐ Festival

☐ Filming

☐ Parade

☐ Sports/Recreation

☐ Rally/Demonstration

☐ Convention/Conference

☐ Fireworks

☒ Other: COMMUNITY EXPO

Provide a brief description of your event:

PROMOTE THE PUBLIC INTEREST AND EDUCATION
THE PUBLIC ON DISASTER PREPAREDNESS

What are the projected set-up, event and tear down dates and times (must be completed)?

Begin Set-up Date & Time: SEPT 28TH 9 AM Complete Set-up Date & Time: SEPT 28TH 3:30 PM

Event Start Date & Time: SEPT 28TH 10 AM Event End Date & Time: SEPT 28TH 5:30 PM

Begin Tearing Down Date: SEPT 28TH Complete Tear Down Date: SEPT 28TH

Event Times (If more than one day, give times for each day): SEPT 28TH 10 AM TO 5:30 PM

Is this the first time you have held this event in the City of Detroit? ☐ Yes ☒ No

If no, what years has the event been held in Detroit?

2017, 2018

When was the event last held in Detroit?

SEPTEMBER 29TH 2018

Where was the event last held in Detroit?

MARTIN LUTHER KING HIGH SCHOOL

What were the hours last year?

10:00 AM - 3:30 PM,

Project Attendance This Year (Minimum - Maximum)?

150 - 175

What is the basis for your projected attendance? BASED ON LAST YEARS ATTENDANCE

Please describe your anticipated/ target audience:

Is this going to be an annual event? ☒ Yes ☐ No

If yes, do you have a preferred/proposed for next year?

SEPT 2020

If a parade is planned. Indicate elements (check all that apply):

☐ People ☐ Balloons

☐ Floats ☐ Animals

☐ Vehicles ☐ Other: N/A

☐ Bands

If animals included, specify type, number and how used.

N/A

Name of business supplying animal(s):

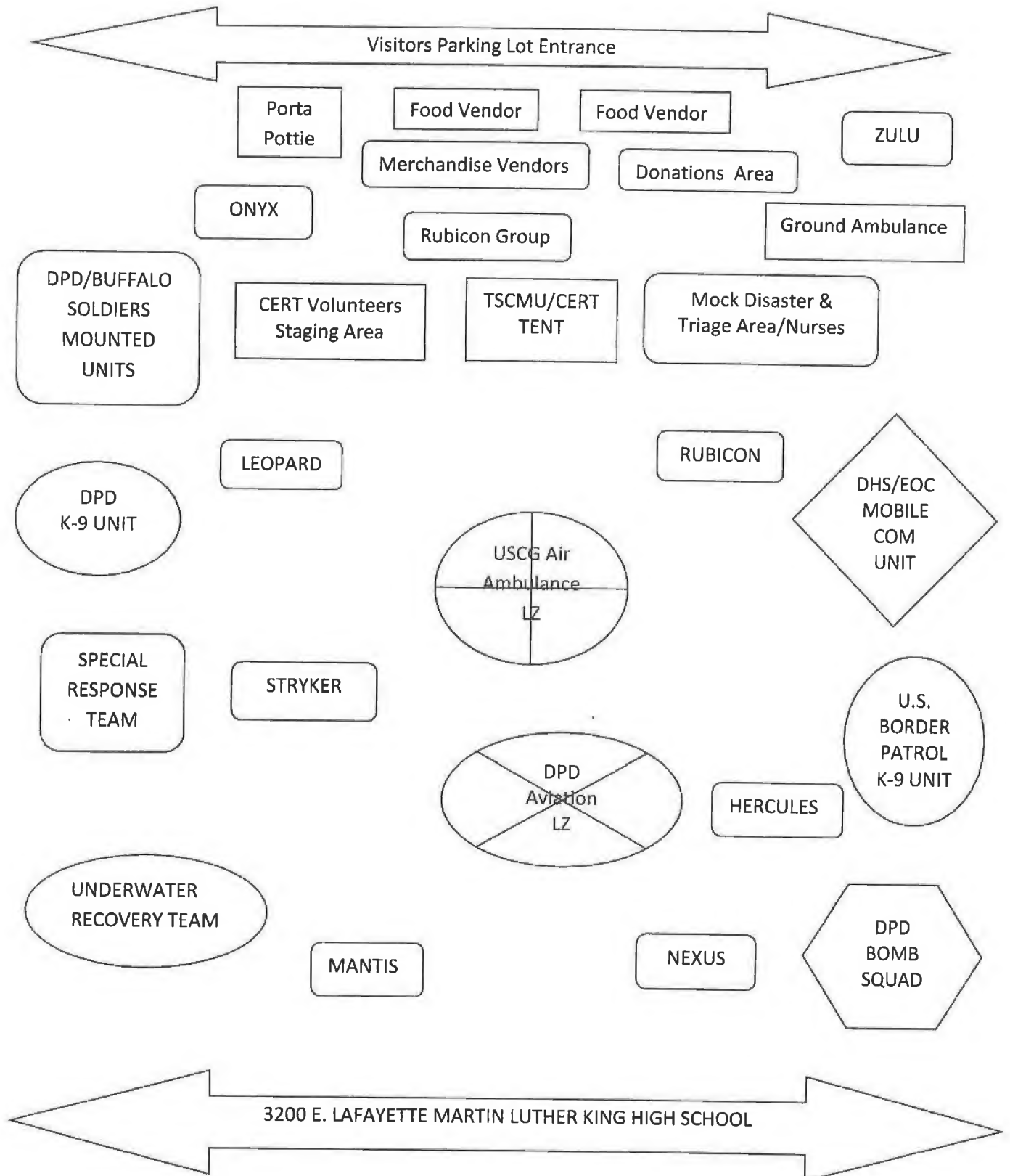
Contact Person:

Address:

Phone:

City/State/Zip:

NATIONAL PREPAREDNESS MONTH EXERCISE FIELD LAYOUT



Section 3- LOCATION/SITE INFORMATION

Location of Event: MARTIN LUTHER KING, JR. HIGH SCHOOL 3200 E. LAFAYETTE

Facilities to be used (circle): Street Sidewalk Park City Facility

Please attach a site plan which illustrates the anticipated layout of your event including the following:

- | | |
|-----------------------------------|--|
| -Public entrance and exit | -Location of First Aid |
| -Location of merchandising booths | -Location of fire lane |
| -Location of food booths | -Proposed route for walk/run |
| -Location of garbage receptacles | -Location of tents and canopies |
| -Location of beverage booths | -Sketch of street closure |
| -Location of sound stages | -Location of bleachers |
| -Location of hand washing sinks | -Location of press area |
| -Location of portable restrooms | -Sketch of proposed light pole banners |

Section 4- ENTERTAINMENT

What type of entertainment will be used? (check all that apply)

- [] Singers [] Magician
[] Musicians [] Story Telling
[] Comedians ☒ Other: FACE PAINTING

Describe the entertainment for this year's event: NONE

List proposed entertainers and/or bands performing at the event: NONE

Will a sound system be used? ☒ Yes ☐ No

If yes, what type of sound system?

PA SYSTEM

☒ Acoustic-audible, sound heard within natural range

[] Amplified-augmented, sound increased to broaden range

The amplified sound will be used:

Will the event consist of a musical concert? ☐ Yes ☒ No

If yes, what type of music? (check all that apply)

[] Live [] Recorded [] Karaoke/Lip-synch

Describe specific power needs for entertainment and/or music:

N/A

How many generators will be used?

How will the generators be fueled?

Name of vendor providing generators:

Contact Person:

Address: _____

Phone: _____

City/State/Zip: _____

Section 5- COMMUNICATION/ADVERTISING STRATEGY

Check all applicable boxes that describe the type of promotion you plan to use to attract participants:

☒ Radio (Specify stations): _____

☒ Television (Specific stations): _____

☒ Newspapers (specify papers): _____

☒ Web site (identify web address): _____

☐ Public Relations or Marketing Firm (Specify): _____

Contact Info:

☐ Raffle (List Item(s)): _____

☐ Billboards

☒ Flyers

☐ Street Banners

☐ Other (specify): _____

NOTE: All raffles subject to laws of State/City.

Section 6- SALES INFORMATION

Will there be advanced ticket sales? ☐ Yes ☒ No
If yes, please describe: _____

Will there be on-site ticket sales? ☐ Yes ☒ No
If yes, list price(s): _____

Will food be sold? ☐ Yes ☒ No
If yes, please pick up Special Events Vendor Packet in Suite 105: _____

Will merchandise be sold? ☐ Yes ☒ No
If yes, describe: _____

Will a percentage of the proceeds be distributed to a charitable organization? ☐ Yes ☐ No
If yes, describe: N/A

If the event is a fundraiser, identify charity or recipient of funds: N/A

Will there be vending or sales? ☒ Yes ☐ No
If yes, check all that apply:

☒ Food

☐ Merchandise

☐ Non-Alcoholic Beverages

☐ Alcoholic Beverages

☐ Other (specify): _____

Indicate type of items to be sold: _____

Will these be exclusive vendors or outside vendors? (please describe):

EXCLUSIVE VENDORS

Section 7- PUBLIC SAFETY & PARKING INFORMATION

Name of Private Security Company: Existing park contract security will be used.

Contact Person:

NONE

Address:

N/A

Phone:

City/State/Zip:

N/A

Number of Private Security Personnel Hired Per Shift:

Are the private security personnel (check all that apply):

☐ Licensed

N/A

☐ Armed

☐ Bonded

Describe the emergency evacuation plan:

ALL GUEST DIRECTED TO EXIT ON LARNED ST

Describe the parking plan to accommodate anticipated attendance:

ON SITE PARKING

How will you advise attendees of parking options?

TRAFFIC CONTROL VOLUNTEERS

Are you seeking a group parking rate?

NO

Section 8- COMMUNITY IMPACT INFORMATION

How will your event impact the surrounding community (i.e. pedestrian traffic, sound carryover, safety)?

TRAFFIC AND PEDESTRIAN NOT EFFECTED

Have local neighborhood groups/businesses approved your event?

☒ Yes

☐ No

Indicate what steps you have or will take to notify them of your event:

DISTRIBUTION OF FLYERS

TO LOCAL RESIDENTS

Indicate contact names and phone numbers (for verification) or attach approved letter(s):

LAWRENCE FTTZ MLK FACILITY MGR. 313-494-7373

Section 9- EVENT SET-UP

Complete the appropriate categories that apply to the event.

Structure

How Many?

0

Size/Height

N/A

Booth

N/A

Tent (enclosed on 3 sides)

N/A

Section 10- COMPLETE ALL THAT APPLY

Name of Sanitation Company collecting refuse and garbage? NONE

Contact Person: NONE

Address: _____

Phone: _____

City/State/Zip: _____

Name of company providing emergency medical services? NONE

Contact Person: NONE

Address: _____

City/State/Zip: _____

Name of company providing porta-johns. SCOTTIE POTTIES PARKWAY SVCS

Contact Person: KATE

Address: 1600 CLAY

Phone: 313.334.4231

City/State/Zip: DETROIT, MI

Name of private catering company? NONE

Contact Person: _____

Address: _____

Phone: _____

City/State/Zip: _____

SPECIAL USE REQUESTS

List any streets or possible streets you are requesting to be closed. Include the day, date, and time of requested closing and reopening. Neighborhood Signatures must be submitted with application for approval.

Attach a map or sketch of the proposed area for closure. N/A

STREET NAME: _____

FROM _____

TO _____

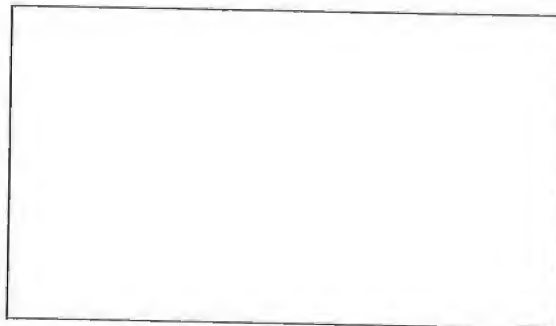
Closure Dates: _____

Beg. Time: _____

End Time: _____

Reopen Date: _____

Time: _____





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

08/02/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER East Main Street Insurance Services, Inc. Will Maddux PO Box 1298 Grass Valley CA 95945		CONTACT NAME: Will Maddux PHONE (A/C, No, Ext): (530) 477-6521 E-MAIL ADDRESS: info@theeventhelper.com FAX (A/C, No):	
INSURED Montford Point Marines America Robert Middleton 1 Lafayette Plaisance, Apt 912 Detroit MI 48207		INSURER(S) AFFORDING COVERAGE INSURER A: Evanston Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	
		NAIC # 35378	

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS					
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Host Liquor Liability <input type="checkbox"/> Retail Liquor Liability GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	Y		3DS5468-M2713509	08/17/2019 12:01 AM	08/18/2019 12:01 AM	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 Deductible \$ 1,000 COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$					
	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY											
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB DED RETENTION \$											
	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						Y/N <input type="checkbox"/>	N/A				
							PER STATUTE E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$					

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Certificate holder listed below is named as additional insured per attached MEGL 2217 01 19.
Attendance: 250, Event Type: Speaking Engagement.

CERTIFICATE HOLDER**CANCELLATION**

City of Detroit
c/o Detroit City Council
Coleman A. Young Municipal Center
2 Woodward Avenue
Detroit MI 48226

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE



EVANSTON INSURANCE COMPANY

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE FORM

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):

City of Detroit
c/o Detroit City Council
Coleman A. Young Municipal Center
2 Woodward Avenue
Detroit, MI 48226

- A. Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule of this endorsement, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by the acts or omissions of any insured listed under Paragraph 1. or 2. of Section II – Who Is An Insured:

1. In the performance of your ongoing operations; or
2. In connection with your premises owned by or rented to you.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

- B. With respect to the insurance afforded to these additional insureds, the following is added to Section III – Limits Of Insurance:

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
 2. Available under the applicable Limits of Insurance shown in the Declarations;
- whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

All other terms and conditions remain unchanged.

2019-09-19

1085

1085 *Petition of Montford Point Marines
America, request to hold 2019
National Disaster Preparedness Expo
at Martin Luther King High School on
September 28, 2019 from 3:30pm to
5:30pm with set-up and tear down on
the same day.*

REFERRED TO THE FOLLOWING DEPARTMENT(S)

- MAYOR'S OFFICE BUSINESS LICENSE CENTER
- DPW - CITY ENGINEERING DIVISION PLANNING AND
DEVELOPMENT DEPARTMENT
- RECREATION DEPARTMENT POLICE DEPARTMENT
- FIRE DEPARTMENT

MAYOR'S OFFICE COORDINATORS REPORTOVERALL STATUS (please circle): ☒ APPROVED ☐ DENIED ☐ N/A ☐ CANCELEDPetition #: 1086 Event Name: Hannah Ferenchick & Rohan Policheria WeddingEvent Date : October 5, 2019Street Closure: Washington BoulevardOrganization Name: Melissa Marie EventsStreet Address: 47655 Rochester Drive Novi, MI 48374

Receipt date of the COMPLETED Special Events Application:	
Date of City Clerk's Departmental Reference Communication:	
Due date for City Departments reports:	
Due date for the Coordinators Report to City Clerk:	

Event Elements (check all that apply):

- ☐ Walkathon ☐ Carnival/Circus ☐ Concert/Performance ☐ Run/Marathon
☐ Bike Race ☐ Religious Ceremony ☐ Political Ceremony ☐ Festival
☐ Filming ☐ Parade ☐ Sports/Recreation ☐ Rally/Demonstration
☐ Fireworks ☐ Convention/Conference ☒ Other: Wedding Baraat
☐ **24-Hour Liquor License**

Petition Communications (include date/time)

The Baraat is requesting a temporary street closure on Washington Boulevard for a processional for the Groom's wedding at the Westin Book Cadillac from 2:30pm - 3:30pm; with temporary street closure on Washington Boulevard between Michigan Avenue and State Street.

**** ALL permits and license requirements must be fulfilled for an approval status ****

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	DPD	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	3rd Precinct Assisted Event
	DFD/ EMS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Permits Required
	DPW	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	DPD Assisted Event; No Permits Required
	Health Dept.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No Jurisdiction

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	TED	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	DPD Assisted Event; No Permits Required
	Recreation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No Jurisdiction
	Bldg & Safety	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No Jurisdiction
	Bus. License	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No Jurisdiction
	Mayor's Office	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	All Necessary permits must be obtained prior to event. If permits are not obtained, departments can enforce closure of event.
	Municipal Parking	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Purchase of Parking Meters Required
	DDOT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Low Impact on Buses

MAYOR'S OFFICE

Signature: B. Auster

Date: 9-19-19

City of Detroit
OFFICE OF THE CITY CLERK

Janice M. Winfrey
City Clerk

Andre P. Gilbert II
Deputy City Clerk

DEPARTMENTAL REFERENCE COMMUNICATION

Thursday, September 19, 2019

To: The Department or Commission Listed Below

From: Janice M. Winfrey, Detroit City Clerk

The following petition is herewith referred to you for report and recommendation to the City Council.

In accordance with that body's directive, kindly return the same with your report in duplicate within four (4) weeks.

MAYOR'S OFFICE DPW - CITY ENGINEERING DIVISION
PLANNING AND DEVELOPMENT DEPARTMENT POLICE DEPARTMENT
FIRE DEPARTMENT BUSINESS LICENSE CENTER
TRANSPORTATION DEPARTMENT MUNICIPAL PARKING DEPARTMENT

1086 *Melissa Marie Events, request to hold Hannah Ferenchick and Rohan Policherla Wedding in front of the Book Cadillac Hotel on Washington Blvd from Michigan Ave to State St on 10-5-19 from 2:30 to 3:30pm*

City of Detroit Special Events Application

10/5/19

1086

Successful events are the result of advance planning, effective communication and teamwork. The City of Detroit will be strictly adhering to the Special Events Guidelines; please print them out for reference. Petitioners are required to complete the information below so that the City of Detroit may gain a thorough understanding of the scope and needs of the event. This form must be completed and returned to the Special Events and Film Handling Office at least **60 days** prior to the first date of the event. If submitted later than 60 days prior, application is subject to denial. Please type or print clearly and attach additional sheets and maps as needed.

Section 1- GENERAL EVENT INFORMATION

Event Name: Hannah Ferenchick and Rohan Policherla Wedding

Event Location: Westin Book Cadillac Washington Blvd/Michigan Ave

Is this going to be an annual event? ☐ Yes ☒ No

Section 2- ORGANIZATION/APPLICANT INFORMATION

Organization Name: Melissa Marie Events

Organization Mailing Address: 47655 Rochester Dr, Novi, MI 48374

Business Phone: 248-881-9111

Business Website: melissamarieevents.com

Applicant Name: Melissa Osborne

Business Phone: 248-881-9111 Cell Phone: 248-881-9111 Email: melissamevents@gmail.com

Event On-Site Contact Person:

Name: Melissa Osborne

Business Phone: 248-881-9111 Cell Phone: 2488819111 Email: melissamevents@gmail.com

Event Elements (check all that apply)

- | | | |
|--|--|---|
| <input type="checkbox"/> Walkathon | <input type="checkbox"/> Carnival/Circus | <input type="checkbox"/> Concert/Performance |
| <input type="checkbox"/> Run/Marathon | <input type="checkbox"/> Bike Race | <input type="checkbox"/> Religious Ceremony |
| <input type="checkbox"/> Political Event | <input type="checkbox"/> Festival | <input type="checkbox"/> Filming |
| <input type="checkbox"/> Parade | <input type="checkbox"/> Sports/Recreation | <input type="checkbox"/> Rally/Demonstration |
| <input type="checkbox"/> Convention/Conference | <input type="checkbox"/> Fireworks | <input checked="" type="checkbox"/> Other: <u>wedding</u> |

Projected Number of Attendees: 250

Please provide a brief description of your event:

Baraat - Indian groom celebration/procession into the Westin for Indian ceremony

What are the projected set-up, event and tear down dates and times (must be completed)?

Begin Set-up Date: October 5, Time: 02:00pm Complete Set-up Date: October 5, 2019 Time: 02:30pm

Event Start Date: October 5, Time: 02:30pm Event End Date: October 5, 2019 Time: 3:30pm

Begin Tearing Down Date: October 5, 2019 Complete Tear Down Date: October 5, 2019

Event Times (If more than one day, give times for each day):
3pm-3:30pm

Section 3- LOCATION/SITE INFORMATION

Location of Event: In front of Westin Book Cadillac

Facilities to be used (Check) Street ☒ Sidewalk ☒ Park City

Please attach a copy of Port-a-John, Sanitation, and Emergency Medical Agreements as well as a site plan which illustrates the anticipated layout of your event including the following:

- | | |
|-----------------------------------|--|
| -Public entrance and exit | -Location of First Aid |
| -Location of merchandising booths | -Location of fire lane |
| -Location of food booths | -Proposed route for walk/run |
| -Location of garbage receptacles | -Location of tents and canopies |
| -Location of beverage booths | -Sketch of street closure |
| -Location of sound stages | -Location of bleachers |
| -Location of hand washing sinks | -Location of press area |
| -Location of portable restrooms | -Sketch of proposed light pole banners |

You will be prompted to upload these attachments upon submitting this form

Section 4- ENTERTAINMENT

Describe the entertainment for this year's event:

DJ

Will a sound system be used? ☒ Yes ☐ No

If yes, what type of sound system? portable speaker

Describe specific power needs for entertainment and/or music:

none

How many generators will be used? _____

How will the generators be fueled?

Name of vendor providing generators:

Contact Person:

Address:

Phone:

City/State/Zip

Section 5- SALES INFORMATION

Will there be advanced ticket sales? ☐ Yes ☒ No

If yes, please describe:

Will there be on-site ticket sales? ☐ Yes ☒ No

If yes, list price(s):

Will there be vending or sales? ☐ Yes ☒ No

If yes, check all that apply:

☐ Food ☐ Merchandise ☐ Non-Alcoholic Beverages ☐ Alcoholic Beverages

Indicate type of items to be sold:

Section 6- PUBLIC SAFETY & PARKING INFORMATION

Name of Private Security Company:

Contact Person:

Address:

Phone:

City/State/Zip:

Number of Private Security Personnel Hired Per Shift:

Are the private security personnel (check all that apply):

☐ Licensed ☐ Armed ☐ Bonded

How will you advise attendees of parking options?

Section 7- COMMUNICATION & COMMUNITY IMPACT INFORMATION

How will your event impact the surrounding community (i.e. pedestrian traffic, sound carryover, safety)?
some noise from the music, people dancing

Have local neighborhood groups/businesses approved your event?

☐ Yes ☒ No

Indicate what steps you have or will take to notify them of your event:
should not disturb any neighbors or businesses

Section 8- EVENT SET-UP

Complete the appropriate categories that apply to the event **Structure**

How Many?

Size/Height

Booth

Tents (enclosed on 3 sides)

Canopy (open on all sides)

Staging/Scaffolding

Bleachers

Section 9- COMPLETE ALL THAT APPLY

Emergency medical services?

Contact Person:

Address:

City/State/Zip:

Name of company providing port-a-johns.

Contact Person:

Address:

Phone:

City/State/Zip:

Name of private catering company?

Contact Person:

Address:

Phone:

City/State/Zip:

SPECIAL USE REQUESTS

List any streets or possible streets you are requesting to be closed. Include the day, date, and time of requested closing and reopening. Neighborhood Signatures must be submitted with application for approval. **Barricades are not available from the City of Detroit.**

Attach a map or sketch of the proposed area for closure.

STREET NAME: Washington Blvd

FROM: Michigan Ave TO: State St

CLOSURE DATES: _____ BEG TIME: _____ END TIME: _____

REOPEN DATE: _____ TIME: _____

STREET NAME: _____

FROM: _____ TO: _____

CLOSURE DATES: _____ BEG TIME: _____ END TIME: _____

REOPEN DATE: _____ TIME: _____

STREET NAME: _____

FROM: _____ TO: _____

CLOSURE DATES: _____ BEG TIME: _____ END TIME: _____

REOPEN DATE: _____ TIME: _____

STREET NAME: _____

FROM: _____ TO: _____

CLOSURE DATES: _____ BEG TIME: _____ END TIME: _____

REOPEN DATE: _____ TIME: _____

STREET NAME: _____

FROM: _____ TO: _____

CLOSURE DATES: _____ BEG TIME: _____ END TIME: _____

REOPEN DATE: _____ TIME: _____

PLEASE ADD IMPORTANT INFORMATION BELOW AND ATTACH A COPY OF THE FOLLOWING:

- 1) CERTIFICATE OF INSURANCE**
- 2) EMERGENCY MEDICAL AGREEMENT**
- 3) SANITATION AGREEMENT**
- 4) PORT-A-JOHN AGREEMENT**
- 5) COMMUNITY COMMUNICATION**

AUTHORIZATION & AFFIDAVIT OF APPLICANT

I certify that the information contained in the foregoing application is true and correct to the best of my knowledge and belief that I have read, understood and agreed to abide by the rules and regulations governing the proposed Special Event, and I understand that this application is made subject to the rules and regulations established by the Mayor or the Mayor's designee. Applicant agrees to comply with all other requirements of the City, County, State, and Federal Government and any other applicable entity, which may pertain to Special Events. I further agree to abide by these rules, and further certify that I, on behalf of the Event agree to be financially responsible for any costs and fees that may be incurred by or on behalf of the Event, to the City of Detroit.

Melissa Marie Osborne

06/26/2019

Signature of Applicant

Date

NOTE: Completion of this form does not constitute approval of your event. Pending review by the Special Events Management Team, you will be notified of any requirements, fees, and/or restrictions pertaining to your event.

HOLD HARMLESS AND INDEMNIFICATION

The Applicant agrees to indemnify and hold the City of Detroit (which includes its agencies, officers, elected officials, appointed officials and employees) harmless from and against injury, loss, damage or liability (or any claims in respect of the foregoing including claims for personal injury and death, damage to property, and reasonable outside attorney's fees) arising from activities associated with this permit, except to the extent attributable to the gross negligence or intentional act or omission of the City.

Applicant affirms that Applicant has read and understands the Hold Harmless and Indemnification provision and agrees to the terms expressed therein.

Event Name: Hannah Ferenchick and Rohan Pilcherla Wedding Event
Date: 6/26/19

Event Organizer:
Melissa Osborne

Melissa Marie Osborne

Applicant Signature: _____

Date: 06/26/2019

2019-09-19

1086

1086 *Petition of Melissa Marie Events,
request to hold Hannah Ferenchick
and Rohan Policherla Wedding in
front of the Book Cadillac Hotel on
Washington Blvd from Michigan Ave
to State St on 10-5-19 from 2:30 to
3:30pm*

REFERRED TO THE FOLLOWING DEPARTMENT(S)

MAYOR'S OFFICE DPW - CITY ENGINEERING DIVISION
PLANNING AND DEVELOPMENT DEPARTMENT POLICE
 DEPARTMENT
FIRE DEPARTMENT BUSINESS LICENSE CENTER
TRANSPORTATION DEPARTMENT MUNICIPAL

40

MAYOR'S OFFICE COORDINATORS REPORTOVERALL STATUS (please circle): ☒ **APPROVED** ☐ **DENIED** ☐ **N/A** ☐ **CANCELED**Petition #: 1090 Event Name: High Times Detroit - Cannabis Bazaar 2019Event Date: October 12 - 13, 2019Street Closure: Clay, Riopelle & HartwickOrganization Name: High Times Productions, Inc. Los Angeles, CA 90024Street Address: 10990 Wilshire Boulevard

Receipt date of the COMPLETED Special Events Application:	
Date of City Clerk's Departmental Reference Communication:	
Due date for City Departments reports:	
Due date for the Coordinators Report to City Clerk:	

Event Elements (check all that apply):

- ☐ Walkathon ☐ Carnival/Circus ☐ Concert/Performance ☐ Run/Marathon
☐ Bike Race ☐ Religious Ceremony ☐ Political Ceremony ☒ Festival
☐ Filming ☐ Parade ☐ Sports/Recreation ☐ Rally/Demonstration
☐ Fireworks ☐ Convention/Conference ☐ Other: _____
☐ **24-Hour Liquor License**

Petition Communications (include date/time)

The High Times Detroit Cannabis Bazaar located at the Russell Industrial Center will feature exhibitors, local food vendors, live musical performances and educational seminars about the cannabis industry from 12:00pm - 8:00pm; with temporary street closures on Clay, Riopelle and Hartwick.

**** ALL permits and license requirements must be fulfilled for an approval status ****

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	DPD	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	DPD Assisted Event; Contracted with G&R Security to Provide Private Security Services
	DFD/EMS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pending Inspections; Contracted with Hart Medical to Provide Private EMS Services
	DPW	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ROW Permit Required for Street Closures
	Health Dept.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Temporary Food License Required

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	TED	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Type III Barricades, Detour & Road Closure Signage Required
	Recreation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No Jurisdiction
	Bldg & Safety	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Permits Required for Tents, Stages, Generators & Electrical
	Bus. License	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Vendors Licenses Required
	Mayor's Office	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	All Necessary permits must be obtained prior to event. If permits are not obtained, departments can enforce closure of event.
	Municipal Parking	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Parking Signs Required
	DDOT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Impact on Buses

MAYOR'S OFFICE

Signature: B. Austin

Date: 9-19-19

City of Detroit
OFFICE OF THE CITY CLERK

Janice M. Winfrey
City Clerk

Andre P. Gilbert II
Deputy City Clerk

DEPARTMENTAL REFERENCE COMMUNICATION

Thursday, September 19, 2019

To: The Department or Commission Listed Below

From: Janice M. Winfrey, Detroit City Clerk

The following petition is herewith referred to you for report and recommendation to the City Council.

In accordance with that body's directive, kindly return the same with your report in duplicate within four (4) weeks.

MAYOR'S OFFICE DPW - CITY ENGINEERING DIVISION
PLANNING AND DEVELOPMENT DEPARTMENT POLICE DEPARTMENT
FIRE DEPARTMENT BUSINESS LICENSE CENTER
TRANSPORTATION DEPARTMENT MUNICIPAL PARKING DEPARTMENT

1090 *High Times Productions, Inc., request to hold High Times Detroit - Cannabis Bazaar 2019 at the Russell Industrial Center on 10-12-19 and 10-13-19 from 12:00 pm to 8:00 pm with street closure. Set up begins 10-8 with tear down on 10-14 and 10-15.*

10/12 - 10/13, 2019

City of Detroit Special Events Application

1099

Successful events are the result of advance planning, effective communication and teamwork. The City of Detroit will be strictly adhering to the Special Events Guidelines; please print them out for reference. Petitioners are required to complete the information below so that the City of Detroit may gain a thorough understanding of the scope and needs of the event. This form must be completed and returned to the Special Events and Film Handling Office at least **60 days** prior to the first date of the event. If submitted later than 60 days prior, application is subject to denial. Please type or print clearly and attach additional sheets and maps as needed.

Section 1- GENERAL EVENT INFORMATION

Event Name: High Times Detroit - Cannabis Bazaar 2019

Event Location: Russell Industrial Center

Is this going to be an annual event? ☒ Yes ☐ No

Section 2- ORGANIZATION/APPLICANT INFORMATION

Organization Name: High Times Productions, Inc.

Organization Mailing Address: 10990 Wilshire Blvd, PH

Business Phone: 973-617-7540

Business Website: cannabiscup.com

Applicant Name: Sameen Ahmad

Business Phone: 973-617-7540

Cell Phone: _____

Email: _____

Event On-Site Contact Person:

Name: same as applicant name

Business Phone: _____

Cell Phone: _____

Email: _____

Event Elements (check all that apply)

☐ Walkathon

☐ Carnival/Circus

☐ Concert/Performance

☐ Run/Marathon

☐ Bike Race

☐ Religious Ceremony

☐ Political Event

☒ Festival

☐ Filming

☐ Parade

☐ Sports/Recreation

☐ Rally/Demonstration

☐ Convention/Conference

☐ Fireworks

☐ Other: _____

Please provide a brief description of your event:

The High Times Detroit Cannabis Bazaar will feature exhibitors, local food vendors, live musical performances and educational seminars about the cannabis industry.

What are the projected set-up, event and tear down dates and times (must be completed)?

Begin Set-up Date : October 8, 2019	Time: 10AM	Complete Set-up Date: October 15, 2019	Time: 6PM
--	---------------	---	--------------

Event Start Date: October 12, 2019	Time: 12PM	Event End Date: October 13, 2019	Time: 8PM
---------------------------------------	---------------	-------------------------------------	--------------

Begin Tearing Down Date: October 14, 2019	Complete Tear Down Date: October 15, 2019
---	---

Event Times (If more than one day, give times for each day):

12PM - 8PM

Section 3- LOCATION/SITE INFORMATION

Location of Event: Russell Industrial Center

Facilities to be used (circle): ☒ Street
Facility

☒ Sidewalk

☐ Park

☐ City

Please attach a copy of Port-a-John, Sanitation, and Emergency Medical Agreements as well as a site plan which illustrates the anticipated layout of your event including the following:

- Public entrance and exit
- Location of merchandising booths
- Location of food booths
- Location of garbage receptacles
- Location of beverage booths
- Location of sound stages
- Location of hand washing sinks
- Location of portable restrooms

- Location of First Aid
- Location of fire lane
- Proposed route for walk/run
- Location of tents and canopies
- Sketch of street closure
- Location of bleachers
- Location of press area
- Sketch of proposed light pole banners

Section 4- ENTERTAINMENT

Describe the entertainment for this year's event:

TBD

Will a sound system be used? ☒ Yes ☐ No

If yes, what type of sound system? professional sound system not to exceed 86 db

Describe specific power needs for entertainment and/or music:

generator power that will be permitted with the city

How many generators will be used? 11

How will the generators be fueled? with a fuel truck in the area

Name of vendor providing generators:

Contact Person: TBD

Address:

Phone:

City/State/Zip

Section 5- SALES INFORMATION

Will there be advanced ticket sales? ☒ Yes ☐ No

If yes, please describe:

Will there be on-site ticket sales? ☒ Yes ☐ No

If yes, list price(s): \$70 / if not sold out in advance

Will there be vending or sales? ☒ Yes ☐ No

If yes, check all that apply:

☒ Food ☒ Merchandise ☒ Non-Alcoholic Beverages ☐ Alcoholic Beverages

Indicate type of items to be sold: t shirts, hats, pins, food

Section 6- PUBLIC SAFETY & PARKING INFORMATION

Name of Private Security Company: Existing park contract security will be used.

Contact Person: G&R Security

Address:

Phone:

City/State/Zip:

Number of Private Security Personnel Hired Per Shift:

Are the private security personnel (check all that apply):

☒ Licensed

☒ Armed

☒ Bonded

How will you advise attendees of parking options?

Social Media, website and via email

Section 7- COMMUNICATION & COMMUNITY IMPACT INFORMATION

How will your event impact the surrounding community (i.e. pedestrian traffic, sound carryover, safety)?

we will look to close Clay and one lane on Russell for out offsite parking shuttle service, we will have the right of way permit for the sidewalk closure to keep pedestrians off the road and lastly sound will not carry over past 8pm

Have local neighborhood groups/businesses approved your event?

☒ Yes ☐ No

Indicate what steps you have or will take to notify them of your event:

once approved we will send a neighborhood letter

Section 8- EVENT SET-UP

Complete the appropriate categories that apply to the event **Structure**

	How Many?	Size/Height
Booth		
Tents (enclosed on 3 sides)	4	TBD
Canopy (open on all sides)	55	
Staging/Scaffolding	1	mobile stage
Bleachers		

Section 9- COMPLETE ALL THAT APPLY

Emergency medical services?

Contact Person: Hart Medical - Adam

Address:

City/State/Zip:

Name of company providing port-a-johns.

Contact Person: Jay's Portables

Address:

Phone:

City/State/Zip:

Name of private catering company? n/a

Contact Person:

Address:

Phone:

City/State/Zip:

SPECIAL USE REQUESTS

List any streets or possible streets you are requesting to be closed. Include the day, date, and time of requested closing and reopening. Neighborhood Signatures must be submitted with application for approval. **Barricades are not available from the City of Detroit.**

Attach a map or sketch of the proposed area for closure.

STREET NAME: Clay Street

FROM: October 12 TO: October 14

CLOSURE DATES: 10/12 BEG TIME: 7AM END TIME: 12PM

REOPEN DATE: 10/14 TIME: 1AM

STREET NAME: _____

FROM: _____ TO: _____

CLOSURE DATES: _____ BEG TIME: _____ END TIME: _____

REOPEN DATE: _____ TIME: _____

STREET NAME: _____

FROM: _____ TO: _____

CLOSURE DATES: _____ BEG TIME: _____ END TIME: _____

REOPEN DATE: _____ TIME: _____

STREET NAME: _____

FROM: _____ TO: _____

CLOSURE DATES: _____ BEG TIME: _____ END TIME: _____

REOPEN DATE: _____ TIME: _____

STREET NAME: _____

FROM: _____ TO: _____

CLOSURE DATES: _____ BEG TIME: _____ END TIME: _____

REOPEN DATE: _____ TIME: _____

PLEASE ADD IMPORTANT INFORMATION BELOW AND ATTACH A COPY OF THE FOLLOWING:

- 1) CERTIFICATE OF INSURANCE**
- 2) EMERGENCY MEDICAL AGREEMENT**
- 3) SANITATION AGREEMENT**
- 4) PORT-A-JOHN AGREEMENT**
- 5) COMMUNITY COMMUNICATION**

AUTHORIZATION & AFFIDAVIT OF APPLICANT

I certify that the information contained in the foregoing application is true and correct to the best of my knowledge and belief that I have read, understood and agreed to abide by the rules and regulations governing the proposed Special Event, and I understand that this application is made subject to the rules and regulations established by the Mayor or the Mayor's designee. Applicant agrees to comply with all other requirements of the City, County, State, and Federal Government and any other applicable entity, which may pertain to Special Events. I further agree to abide by these rules, and further certify that I, on behalf of the Event agree to be financially responsible for any costs and fees that may be incurred by or on behalf of the Event, to the City of Detroit.

Sameen Ahmad
Signature of Applicant

8/19/2019
Date

NOTE: Completion of this form does not constitute approval of your event. Pending review by the Special Events Management Team, you will be notified of any requirements, fees, and/or restrictions pertaining to your event.

HOLD HARMLESS AND INDEMNIFICATION

The Applicant agrees to indemnify and hold the City of Detroit (which includes its agencies, officers, elected officials, appointed officials and employees) harmless from and against injury, loss, damage or liability (or any claims in respect of the foregoing including claims for personal injury and death, damage to property, and reasonable outside attorney's fees) arising from activities associated with this permit, except to the extent attributable to the gross negligence or intentional act or omission of the City.

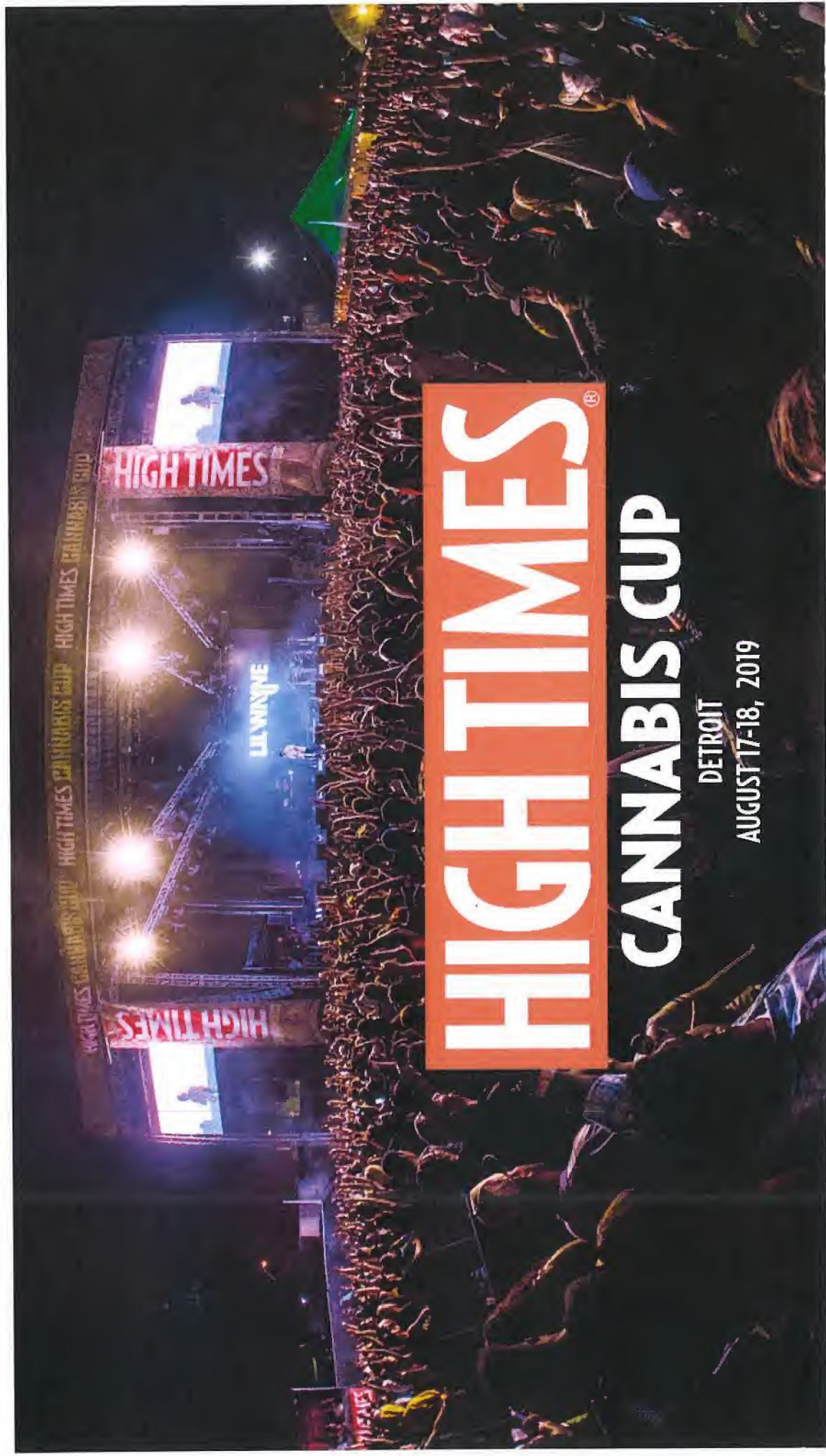
Applicant affirms that Applicant has read and understands the Hold Harmless and Indemnification provision and agrees to the terms expressed therein.

(Please Print)

Event Name: High Times Detroit - Cannabis Bazaar 2019 Event Date: 10/12 - 10/13

Event Organizer: High Times Productions, Inc.

Applicant Signature: Sameen Ahmad Date: 8/19/19



HIGH TIMES®

CANNABIS CUP

DETROIT
AUGUST 17-18, 2019

HIGH TIMES
CANNABIS CUP

WHAT IS THE CANNABIS CUP?

HIGH TIMES has brought over 44 years of a monthly magazine to the world and the Cannabis Cup brings those pages to life. Thousands of folks converge to celebrate the recent legalization of Cannabis in select states and countries around the globe. Join us and join the movement.

- NEW YORK & LOS ANGELES BASED
- MONTHLY MAGAZINE BASED EVENTS COMPANY
- FOUNDED IN 1974 BY TOM FORCADE
- INNOVATOR IN MARIJUANA COUNTER CULTURE
- 40 CANNABIS CUPS TO DATE:
 - MEDICAL: CALIFORNIA, COLORADO, MICHIGAN, WASHINGTON, WASHINGTON, D.C.
 - RECREATIONAL: ALASKA, CALIFORNIA, COLORADO, NEVADA, MICHIGAN
 - INTERNATIONAL: JAMAICA, THE NETHERLANDS



ACTIVISM
SEMINARS

VIP & SUPER VIP SOCIETIES
100s OF EXHIBITOR BOOTHS

LIVE DEMONSTRATIONS

CONCERT SERIES

AWARDS SHOW

HIGH TIMES EDITORS



OUR EVENTS

- For 33 years, a celebration and awards show for the best cannabis based products in the world, on a regional basis
- 41 Cannabis Cups since 2010, when the legalization movement began in earnest
- 2017 - 10 events
- 2018 - 11 events
- 2019 - 9 events (to date)
- Attendance ranges from 8,000 to 45,000





HIGH TIMES
CANNABIS CUP

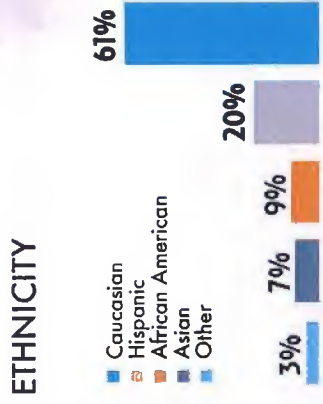
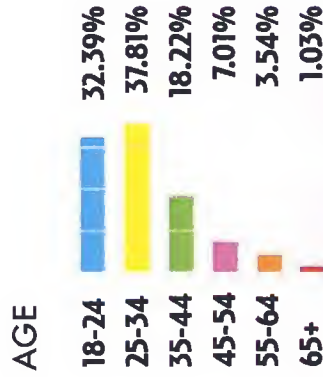
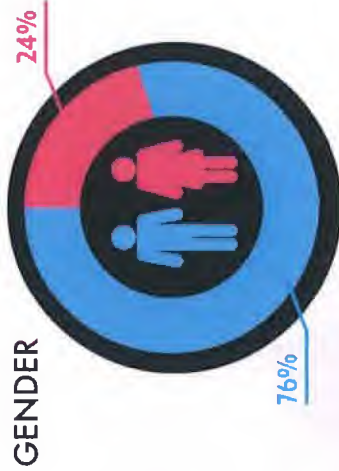
RESULTS - DETROIT:

- Saturday & Sunday; a 2 day event in August
- 201 participating brands/companies
- 12 local Detroit Food Trucks
- 20,073 unique tickets sold
- 68% out of state attendees with over a 2 hour drive staying in town at local hotels, airbnbs, etc.
- 15,000 daily attendance per day
- 78 local security personnel hired
- 64 local staffers
- 38 stage skilled labor
- 100+ tons of trash and recycling diverted
- 2500 cars parked
- 3 medical transports
- 1879 hotel night booked through code offers
- Average hotel / food / transportation spend per guests = \$600 over the weekend
- Globally known musical acts
- Sessions from industry educators, leaders, doctors and statesmen
- High Times left the Russell Industrial Center cleaner than it was received
- Local businesses within a 1 mile radius called to thank us for the business we brought to them.

EST. ECONOMIC IMPACT - \$12.05 MM

**1,879 HOTEL ROOM NIGHTS
180 LOCALS HIRED**

MEET OUR ATTENDEES



HOUSEHOLD INCOME



ONLINE REACH



TOP 5 FEEDER MARKETS





PLANNING THE EVENT

WE PROVIDE >>>

- Traffic Plan
- Security Plan
- Insurance for every single vendor and HIGH TIMES productions
- Evacuation Plan
- Fire / Life Safety Plan
- Exhibitor Plan
- Communications Plan
- Active Shooter Plan
- Waste Management & Recycling Plan



HOW WE RUN THE EVENT

- We have perfected the Cannabis Cup through years of experience
- We bring in everything:
 - Stages, tents, tables / chairs, bathrooms, ticket booths
 - EMS, Security
 - Musical acts
 - Session presenters
 - Power, WiFi
 - Professional outside management





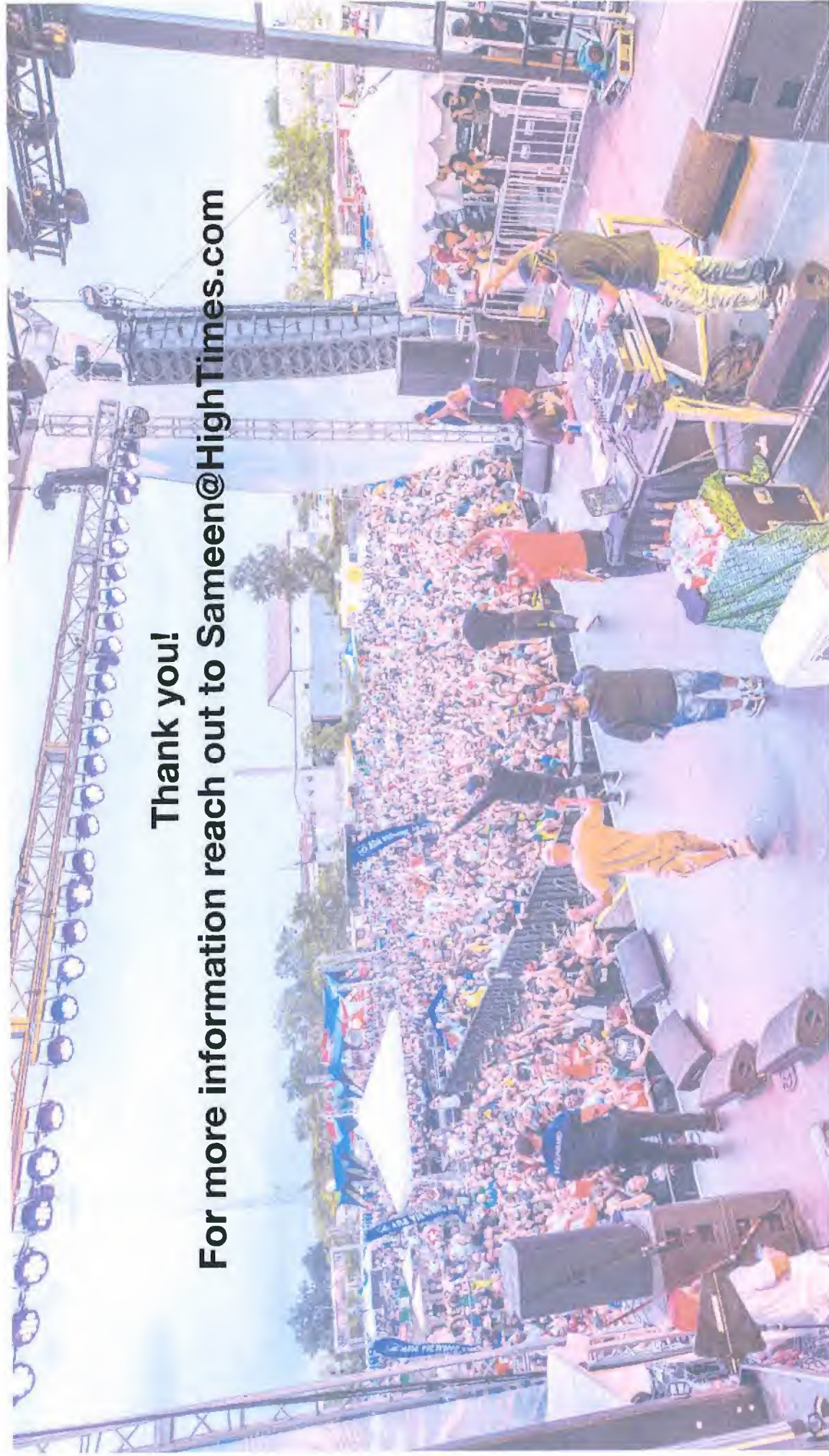
HIGH TIMES
CANNABIS CUP

PRESERVING AND RESPECTING THE LAND



- Full service landfill and recycling waste management partner
- Over 15,844,750 tons of waste diverted since 2000

Thank you!
For more information reach out to Sameen@HighTimes.com



ACORD™

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

7/28/2017

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER ISU/Szerlip & Company, Inc. 288 Main Street Millburn, NJ 07041-1031 973 467-0400	CONTACT NAME: Nancy Volpe PHONE (A/C, No, Ext): 973-912-5043 FAX (A/C, No): 973-467-0725 E-MAIL ADDRESS: nvolpe@szerlip.com														
INSURED Trans High Corp. High Times Productions, Inc 250 West 57th, Suite 920 New York, NY 10107	<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : The Great Divide Insurance Co.</td> <td>25224</td> </tr> <tr> <td>INSURER B :</td> <td></td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : The Great Divide Insurance Co.	25224	INSURER B :		INSURER C :		INSURER D :		INSURER E :		INSURER F :	
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INSURER F :															

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY		CLA201739211	03/01/2017	03/01/2018	EACH OCCURRENCE \$1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence) \$50,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					MED EXP (Any one person) \$Excluded
	GEN'L AGGREGATE LIMIT APPLIES PER:					PERSONAL & ADV INJURY \$1,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					GENERAL AGGREGATE \$2,000,000
	AUTOMOBILE LIABILITY					PRODUCTS - COMP/OP AGG \$2,000,000
	<input type="checkbox"/> ANY AUTO					COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ALL OWNED AUTOS					BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS					BODILY INJURY (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS					PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> NON-OWNED AUTOS					\$
A	UMBRELLA LIAB		CUA201739311	03/01/2017	03/01/2018	EACH OCCURRENCE \$5,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> CLAIMS-MADE					AGGREGATE \$5,000,000
	DED RETENTION \$					\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		WCA201796610	06/22/2017	06/22/2018	WC STATU-TORY LIMITS
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)					OTH-ER
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. EACH ACCIDENT \$1,000,000
						E.L. DISEASE - EA EMPLOYEE \$1,000,000
						E.L. DISEASE - POLICY LIMIT \$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Event Dates: September 9-10, 2017

CERTIFICATE HOLDER

CANCELLATION

City of Detroit
 2 Woodward Avenue
 Detroit, MI 48226

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Robert J. Sander

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Clean Vibes, LLC * PO Box 3265 * Vallejo, CA 94590* www.cleانبibes.com* (707)563-9232

Proposal for Recycling, Clean Up, and Waste Removal Services

Event: Cannabis Cup Vegas

Dates: Sept 9-10

Location: Russell Industrial Center, Detroit, MI

Date Submitted: July 26, 2017

Attn: Sameen Ahmad

Company Overview and History

Clean Vibes is a company formed and dedicated to the responsible on-site waste management of outdoor festivals and events. Our mission is to actively encourage and promote composting, recycling and proper waste disposal. We hope to educate and inspire a new generation of responsible stewards. We have a documented record of diverting high levels of festival generated waste from landfills by increasing the amount of material that is recycled and composted, thereby greatly reducing the ecological footprint of outdoor festivals and events. With over a fifteen years of experience, Clean Vibes has a consistent track record of providing results.

Clean Vibes, LLC is a company based in North Carolina with a branch in Vallejo, CA. We are now in our fifteenth year as an independently owned corporation. The company is fully insured and carries a general liability policy, a commercial auto policy and a workers compensation policy for the state of California.

Value to Cannabis Cup

First and foremost, *Clean Vibes* is committed to providing festivals with a *comprehensive* waste management system. Our goal is to ensure that all facets of the event's waste collection and cleanup are effectively managed so that event production staff do not have to worry about this component of the event. We bring with us the experience of having successfully handled the waste management at over 250 previous events, ranging in size from less than 1,000 attendees to over 100,000 attendees. *Clean Vibes* knows how to clean a site in a cost efficient, effective, and environmentally friendly manner. We also understand how important the maintenance and cleanup of an event is to its continued success, as well as to the relationship the event has with the local community.

At the core of the mission and work of *Clean Vibes* is a genuine dedication to providing substantial and measurable results when it comes to diverting waste from the landfill. Our focus is not on merely creating an appearance or image of a 'green' festival. Our focus is on ensuring that there is real substance behind the waste diversion efforts of every event we work. All *Clean Vibes* employees are equally passionate about minimizing the waste footprint of the events that we work, while at the same time educating attendees about responsible waste habits.



Clean Vibes, LLC * PO Box 3265 * Vallejo, CA 94590* www.cleanvibes.com* (707)563-9232

Based on our previous work at music festivals, *Clean Vibes* has developed a high level of positive name recognition and respect among the attendees of these events. The attendees associate *Clean Vibes* with a commitment to environmentally responsible waste management, and a commitment to environmental stewardship. They know that having *Clean Vibes* involved in an event means that the waste will be handled in an environmentally responsible manner.

Another value that *Clean Vibes* brings to a festival is the 'vibe.' Attendees appreciate seeing our crew having fun while working hard. The 'vibe' that our crew brings to an event helps to actively engage the attendees in the clean up process – significantly minimizing the grounds cleanup. In addition, the systems that we put in place at each event help to spread awareness about diversion efforts in general, while also increasing the efforts of attendees to take responsibility for their own waste.

In summary, Clean Vibes will make valuable contributions to the Cannabis Cup in each of the following ways:

- Extensive experience with music & food/drink festivals – handled waste management at over 250 events, ranging in size from 1,000 attendees to over 100,000 attendees
- Dedication and documented success in achieving high levels of waste diversion
- Commitment to educating attendees about responsible waste management
- Positive name recognition and respect within the festival community
- The 'vibe' we bring to an event
- Ensuring the event is recognized as an event that is committed to minimizing its ecological footprint

Proposed Scope of Work

Set Up and Implementation of Waste Management Collection System

Clean Vibes proposes to implement a comprehensive waste management plan for the festival site. Attendee participation in the maintenance and clean up of the event grounds will be a top priority for our crew and work plan.

Clean Vibes will set up and strategically place up to 300 recycling and trash collection containers in groups as necessary. All collection stations will be clearly marked with signage as to the appropriate receptacle for each type of material (recycling or landfill). We will routinely patrol the festival site and empty containers as necessary, as well as cleanup trouble spots. *Clean Vibes* will thoroughly clean the site of the previous day's waste in time for the opening of the venue on Sunday. After the event, *Clean Vibes* will thoroughly clean the site in as timely a manner as possible. Staff members will hand pick the site, bag loose litter, and collect all bags of waste for proper disposal.



Clean Vibes, LLC * PO Box 3265 * Vallejo, CA 94590* www.cleanvibes.com* (707)563-9232

Clean Vibes will provide a small crew on 9/7, full crew on 9/8-9/11, and an final sweeps small crew on 9/12.

Increasing Awareness and Marketing of Sustainability Efforts

If desired, *Clean Vibes* management will work with High Times to:

- Develop appropriate advance messaging strategies to attendees about responsible waste management – using the festival website, mailing lists, press releases, etc.
- Provide input on any possible 'greening' related components of the event in order to develop a comprehensive and coordinated sustainability initiative
- Work with the festival team to help create onsite messaging and creative ways of educating attendees about their waste footprint
- Help communicate to all festival staff and vendors about appropriate disposal of waste and how they can work as a team to minimize the overall waste footprint of the event





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Cost for *Clean Vibes*' Services

Below is a breakdown of costs for *Clean Vibes*' services for the Cannabis Cup Detroit in 2017. It is our hope that, when the various bids for this event are evaluated, more than just the bottom line cost of services will be taken into consideration. We hope that the substance and quality of each bidder's waste diversion efforts will be seen as a source of added value and that the various bidders' track records on this source of value will also be taken into account. There are certainly other companies that are able to setup the appropriate collection containers and clean the festival site. However, *Clean Vibes* is the only company that has the skills and experience to achieve high levels of waste diversion through recycling. We have a proven track record of achieving unparalleled diversion rates and the ability to provide clients with documented results. If High Times is committed to taking its sustainability efforts to the next level by diverting a substantial amount of festival waste from the landfill while ensuring a thorough and timely cleanup of the site, choosing to work with *Clean Vibes* will prove to be a worthwhile investment.

Service	Cost
Clean Vibes' Labor - Setup and Management of Waste Collection System and Clean Up and Sorting of Waste	\$16,500
Rental of Clean Vibes' equipment- up to 300 Clearstream containers and Rubbermaid barrels	\$1000
Bags – for all collection containers	\$250
Travel	\$1800
Temp Labor for nightly cleanup	\$4000
Lodging for staff PROVIDED by High Times	\$0
Work truck rental	\$800
<i>Non-catered meals estimate</i>	<i>\$1000</i>
Hauling- containers, hauling, and tipping fees for all waste	TBD
Total Cost for Above Services	\$25,350

Materials Requested/Additional Hard Costs:

- Space to park on solid paved level ground one (1) 16' foot box truck (total 30' for unloading/loading)
- Secure space for operation area – sufficient space to have box truck, work space and parking for all work vehicles.
- One (1) 20x 20 equipment tent with walls
- One (1) light tower in CV HQ area.
- Parking, with easy access to the event grounds, for staff vehicles.
- Appropriate credentials ensuring adequate access of the site for all staff.



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- Access to a secure internet connection for all days on site.
- Three (3) catered meals per day for all staff onsite when catering is available.
- Two (2) utility bed gators/Kubotas/Bobcats, etc. **with at least a 4'x4' bed**
- Drinking water for all staff and volunteers for all days on site.
- Five (5) radios for use by *Clean Vibes* for all days onsite.
- Tickets or credentials for all volunteers who will assist in the clean up and waste diversion effort. 20 during show cleanup volunteers and 20 post-show volunteers will be recruited.
- Assistance in advance promotion of *Clean Vibes'* volunteer opportunities through festival website, mailing list and social media. Promotion needs to begin within 1 week of signing of contract or announcement of event.
- Debris boxes for trash, recycling and other materials as negotiated with Republic.
- Appropriate placement throughout site of debris boxes to ensure access by crew during peak attendance.
- Assistance in promotion of *Clean Vibes'* waste diversion efforts through any festival literature, websites, radio stations and stage announcements.

Please note that this proposal is based on the following protocol being in place:

- It is understood that all vendor, caterers, concessions, and bars will handle the cleanup of their areas and the proper sorting/streaming of their waste. *Clean Vibes* will service stations in vendor, caterers, bar, or concession areas that are designated for patron use. *Clean Vibes* will provide and service stations in dining areas of catering tents.
- It is understood the *Clean Vibes* will work closely with High Times to place dumpsters for food and concession vendor prep waste in vendor back of house areas. *Clean Vibes* will provide waste pickup from exhibitor areas and booths.
- It is understood that if it is not possible within the layout of the site to place dumpsters at each bar or vending location, these bars will be responsible for the removal of the waste from these locations to the closest dumpster location.
- It is understood that if an exhibitor brings and executes a professional-style stage with entertainment not organized by High Times, *Clean Vibe* will charge \$500 per exhibitor stage.
- It is understood *Clean Vibes* will be responsible for all exhibitor and stage areas, aka "the venue," VIP, Super VIP, and event production areas. *Clean Vibes* will not be responsible for public parking or ingress/egress traffic routes.
- 'Flaming Lips Clause'- It is understood that, in the event that a band performing at Cannabis Cup chooses to incorporate confetti, toilet paper or any other sizable amount of debris into their performance, *Clean Vibes* will require additional compensation for the cleanup of the debris left



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from said performers stage antics. *Clean Vibes* needs to be notified in advance of the confetti, and an additional cost of \$2,000 per incident will be paid to *Clean Vibes* for the cleanup of the debris.

- It is understood that *Clean Vibes* will not handle any bio-medical or hazardous waste, or unrelated grounds or waste. *Clean Vibes* will assist with the cleanup of any cannabis-related medical waste.

If you have any questions regarding this proposal, please feel free to contact me at your convenience. I can be reached by phone at (707)563-9232 or (802)258-1220 or by email at meg@cleanvibes.com

I am looking forward to the possibility of working together to ensure a clean festival site and to create an efficient and effective waste management system for the Cannabis Cup Vegas.

Thank you for this opportunity. I will follow up shortly to discuss this proposal further.

Sincerely,

Meg Luce

2019-09-19

1090

1090 *Petition of High Times Productions, Inc., request to hold High Times Detroit - Cannabis Bazaar 2019 at the Russell Industrial Center on 10-12-19 and 10-13-19 from 12:00 pm to 8:00 pm with street closure. Set up begins 10-8 with tear down on 10-14 and 10-15.*

REFERRED TO THE FOLLOWING DEPARTMENT(S)

MAYOR'S OFFICE DPW - CITY ENGINEERING DIVISION
PLANNING AND DEVELOPMENT DEPARTMENT POLICE
 DEPARTMENT
FIRE DEPARTMENT BUSINESS LICENSE CENTER
TRANSPORTATION DEPARTMENT MUNICIPAL